Table of Contents

Section 1 - ADT Outputs Menu, cont.

Section 2 - Bed Control Menu 2-1

The Copay Exemption Test Supervisor Menu documentation can be found in Section 12 of this manual.

The Eligibility Inquiry for Patient Billing option documentation can be found in Section 8 - **Registration Menu.**

The Patient Inquiry Option documentation can be found in Section 8 - **Registration Menu.**

Section 7 - **PTF Menu, cont.**

Section 7 - **PTF Menu, cont.**

Section 8 - **Registration Menu**

Section 8 - Registration Menu, cont.

Section 9 - RUG-II Menu 9-1

Section 9 - RUG-II Menu, cont.

Section 10 - Security Officer Menu..10-1

Section 11 - Supervisor ADT Menu...11-1

Section 11 - Supervisor ADT Menu, cont.

Section 12 - Copay Exemption Test Supervisor Menu 12-1

Section 13 - Glossary/Index 13-1

List Manager Appendix

Table of Contents

10/10 Print without New Registration

Introduction

The 10/10 Print without New Registration option is used to print a 10/10 report for patients who have previously been registered for care. The 10/10 form is an Application for Medical Benefits. It includes several types of information about a patient. The Supplemental Data Sheet, the Patient Drug Profile, the 10/10F (Financial Worksheet), the 10/10I (Insurance Information Form), the 10-10T, the Third Party Review Sheet, and Encounter Forms can also be printed through this option. Specific printers may be designated to automatically print most of these forms through the MAS Parameter Entry/Exit option. A YES entry at the "Ask Device in Registration" parameter will force the DEVICE prompt at the beginning of registration the first time through and set the 10/10, routing sheet, and drug profile printer to that device. This takes precedence over all devices defined as default printers or closest printer.

The 10-10T is an application for medical benefits form comprised of the questions used to obtain the minimum data required to begin the medical care process.

The Supplemental Data Sheet contains some of the same information found on the 10/10 (social security number, next of kin) along with clinic information including clinic enrollment and future appointments. This form will automatically be printed along with the 10/10 form if the ADT/R parameter "Supplemental 10/10" is set to YES.

The Patient Drug Profile lists the patient's prescriptions that are on file and any pending outpatient clinic appointments. You may choose to print an action or informational type drug profile. Whether or not the drug profile prompts appear in this option will depend on how the ADT/R parameter "Print Drug Profiles with 10-10" is set at your facility.

The 10/10F provides financial information on the veteran for Means Test tracking purposes. It shows all assets including salaries, interest and dividends, stocks, bonds, real estate holdings, etc. The prompt to print this form will only appear if the patient has a completed Means Test.

The 10/10I contains information concerning the veteran's private health insurance. The name, address, and telephone number of the patient's local insurance agent is provided. This information will be provided for each different health insurance the veteran has. The prompt to print this form will only appear if the patient has private medical insurance.

10/10 Print without New Registration

Introduction

The Third Party Review Sheet is used in connection with veterans admitted to the hospital who have private medical insurance. The insurance data is not displayed on the form if the insurance has expired. The prompt to print this form will only appear if the patient has private medical insurance and past or scheduled admissions.

Whether or not the health summary prompts appear in this option will depend on your site running the Health Summary package V. 2.5 (Patch #3 or higher) and how the ADT/R health summary site specific parameters are set.

You also have the ability to print patient data cards through this option. The "Ask EMBOSS at Registration" site parameter must be set to YES in order for the data card prompts to appear here. With the installation of the Veteran Identification Card (VIC) software, the prompt "Download VIC data?" has been added which allows you to download the selected patient's demographic data to the photo capture station. The existing "EMBOSS DATA CARD?" prompt has been changed to "EMBOSS (OLD) DATA CARD?".

Whether or not the encounter form prompts appear in this option will depend on how the ADT/R encounter form site parameters are set at your facility.

At multidivisional facilities, the primary facility will be listed on the forms.

Example
The examples of the different forms are provided for format purposes. Some of the data items contained on the forms may be inconsistent.

```
Select PATIENT NAME:  CLARK, MARK   04-12-32   656655556   NSC VETERAN

Registration date/time:  1-4-97@15:21

PRINT 1010T? YES//  <RET>   (YES)
PRINT 10/10? YES//  <RET>   (YES)
PRINT 1010I? YES//  <RET>   (YES)
PRINT THIRD PARTY REVIEW? YES//   <RET>   (YES)
PRINT 1010F? YES//  <RET>   (YES)
PRINT DRUG PROFILE? YES//  <RET>   (YES)
Select type of Drug Profile:   INFORMATIONAL // <RET>
```

10/10 Print without New Registration

Example

```
This output requires 132 column output to a PRINTER.
     Output to SCREEN will be unreadable.

DEVICE: HOME//  A137              RIGHT MARGIN: 132:   <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO//   Y   (YES)
Requested Start Time: NOW//   <RET>   (JAN 20,1997@07:45)

Request Queued!

Download VIC data? NO//  <RET>   (No)
EMBOSS (OLD) DATA CARD? NO//   <RET>   (No)
PRINT ENCOUNTER FORMS? Yes//   NO
```

10/10 Print without New Registration

Example
10-10T

```
                                                                 VA FORM 10-10T
=================================================================================
                   D E P A R T M E N T   O F   V E T E R A N S   A F F A I R S
=================================================================================
FACILITY: ALBANY (500)                                     APPLICATION FOR MEDICAL BENEFITS
---------------------------------------------------------------------------------
1. Applicant's Name                    |2. Social Security Number   |3. Date of Birth
   CLARK,MARK                          |   656-65-5556              |   APR 12,1932
---------------------------------------------------------------------------------
4A. Applicant's Mailing Street Address
    33 LUCKY ROAD
---------------------------------------------------------------------------------
4B. City             |4C. County        |4D. Zip Code       |4E. State
    PROVIDENCE       |    BRISTOL        |    23332          |    RHODE ISLAND
---------------------------------------------------------------------------------
5. Patient's Sex     |6. Home Telephone Number  |7. Work Telephone Number
   MALE              |   555-8411               |   555-7713
---------------------------------------------------------------------------------
8A. Emergency Contact        |8B. Relationship |8C. Home Telephone Number|8D. Work Telephone Number
    CLARK,SALLY              |    WIFE          |    555-8411             |    555-6614
---------------------------------------------------------------------------------
8E. Mailing Address of Emergency Contact                   |9. Is Emergency Contact
    33 LUCKY ROAD                                          |Also Next of Kin
    PROVIDENCE, RHODE ISLAND  23332                        |    YES
---------------------------------------------------------------------------------
10. Benefit Applying For: HOSPITAL/OUTPATIENT TREATMENT
---------------------------------------------------------------------------------
11. Applicant Status: NSC VETERAN
---------------------------------------------------------------------------------
A. Service Connected |B. Prisoner of War |C. Aid and Attendance |D. Military Disability Retired
   NO                |   NO              |   NO                 |   NO
---------------------------------------------------------------------------------
E. VA Pension        |F. Primary Eligibility Code |G. Other Eligibility Code
   NO                |   NSC                      |   UNANSWERED
---------------------------------------------------------------------------------
12. Exposure To:     |A. Agent Orange    |B. Radiation       |C. Environmental Contaminants
                     |   NO              |   NO              |   NO
---------------------------------------------------------------------------------
13. Medical Care Related To: |A. On-The-Job-Injury |B. Accident
                             |                     |
---------------------------------------------------------------------------------
14A. Do You Have Health Coverage   |14B. Name of Health Insurance Carrier
     YES                           |     HEALTH INSURANCE LTD.
---------------------------------------------------------------------------------
15. Branch of Service |16. Latest Service Number |17. Marital Status
    ARMY              |    656655556             |    MARRIED
---------------------------------------------------------------------------------
18A. Spouse's Name                 |18B. Spouse's Social Security Number
     CLARK,SALLY                   |     111-22-3333
---------------------------------------------------------------------------------
18C. Year of Marriage |18D. Number of Dependents |19. Last Year's Estimated "Household" Taxable Income
     JUL 22, 1965     |                          |    UNANSWERED
=================================================================================
Reg Date/Time: JAN 04, 1997@15:21        PRINTED: JAN 20, 1997@07:45:37        Clerk: CB/888




AUTOMATED VA FORM 10-10T                                                  PAGE: 1
```

10/10 Print without New Registration

Example

```
CLARK,MARK                                                                                          656-65-5556
=====================================================================================================================
Consent To Release Information: I hereby authorize the Department of Veterans Affairs to disclose any such history, diagnostic and
treatment information from my medical records (including information relating to the diagnosis, treatment or other therapy for the
conditions of drug abuse, alcoholism or alcohol abuse, sickle cell anemia, or testing for or infection with the human
immunodeficiency virus) to the carrier or contractor of any health plan contract under which I am apparently entitled to medical
care or payment of the expense of care that is identified above, as considered necessary by VA representatives for the discharge
of the legal or contractual obligations of the insurer or other party against whom liability is asserted.  I understand that I
may revoke this authorization at any time, except to the extent that action has already been taken in reliance on it.  Without my
express revocation, this consent will automatically expire when all action arising from VA's claim for reimbursement for my
medical care has been completed.
_____
Co-payment Notice: If your household income exceeds the established threshold, you will be considered "Discretionary".
Such veterans must pay a co-payment not to exceed the Medicare deductible, plus a per diem for hospital and nursing care.
By signing this application, you are agreeing to pay the VA the applicable co-payment if you are determined to be a
"discretionary" veteran.
_____
Signature of Applicant                                                                 |Date
                                                                                       |
                                                                                       |
_____
Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for
reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing
the collection of information.  Send comments regarding this burden estimate or any other aspects of this collection, including
suggestions for reducing this burden to VA Clearance Officer (045A4), 810 Vermont Avenue, NW, Washington, DC 20420.
_____
PRIVACY ACT NOTICE:  The information requested on this form is solicited under authority of Title 38, U.S.C., Sections 710, 1712
and 1722.  It is being collected to enable us to determine your eligibility for medical benefits, identify your medical records,
and provide basic data for your treatment.  Additional information, such as medical history, may be solicited during the course of
your medical evaluation or treatment.  The income and eligibility information you supply may be verified through a computer
matching program at any time and information may be disclosed outside VA as permitted by law; possible disclosures include
those described in the "routine uses" identified in the VA system of records 24VA136, Patient Medical Records-VA, published
in the Federal Register in accordance with the Privacy Act of 1974.  These "routine uses" include disclosures: in response
to court subpoenas; to epidemiological and other research facilities for research purposes; in connection with collections
of amounts owed to the United States; to the Department of Justice for use in litigation; to other Federal agencies in connection
with their employment determinations, investigations, or issuance of licenses or benefits; to report apparent law violations to
other Federal, State or local agencies charged with law enforcement responsibilities; in response to an official request from a
criminal or civil law enforcement governmental agency charged with the protection of public health or safety; to the Internal
Revenue Service to verify unearned income, collect amounts owed VA, and to report as income debts that are waived, compromised or
otherwise forgiven; to the Social Security Administration to verify earned income and employment data; to notify State licensing
boards and Federal agencies of the health care practices of health care providers; to non-VA health care providers; to non-VA
health care providers of facilities when the patient is referred for medical care at VA expense; to private sector organizations
for the purpose of obtaining accreditation or approval rating for the health care facility; to non-VA nursing homes for
preadmission screening; or, to contractors to perform the services covered by the contract.  Disclosure is voluntary, however,
failure to furnish the information will result in our inability to process your request and serve your medical needs.
Failure to furnish the information will have no adverse effect on any other benefits to which you may be entitled.
Disclosure of the Social Security number(s) of those for whom benefits are claimed is requested under the authority of
Title 38, U.S.C., and is voluntary.  Social Security numbers will be used in the administration of veteran's benefits,
in the identification of veterans or persons claiming or receiving VA benefits and their records and may be used for
other purposes where authorized by both Title 38, U.S.C., and the Privacy Act of 1974 (5 U.S.C. 552a) or where
required by another statute.
=====================================================================================================================
Reg Date/Time: JAN 04, 1997@15:21              PRINTED: JAN 20, 1997@07:45:37              Clerk: CB/888
```

10/10 Print without New Registration

Example
10-10

```
===============================================================================
                    D E P A R T M E N T   O F   V E T E R A N S   A F F A I R S
===============================================================================
FACILITY:  ALBANY (500)                              APPLICATION FOR MEDICAL BENEFITS
===============================================================================
           SEE ATTACHMENT FOR PAPERWORK REDUCTION INFORMATION AND PRIVACY ACT INFORMATION
-------------------------------------------------------------------------------
                              PART I - PATIENT DATA
-------------------------------------------------------------------------------
1.  Type of benefit applied for:  HOSPITAL/OUTPATIENT TREATMENT

2.   Applicant's Name          | 3.   Other names used (Alias) | 4.  Social Security Number
     CLARK,MARK                |                               |     656-65-5556

5.   Claim Number | 6.  LOCATION OF CLAIMS FOLDER | 7.  DATE OF BIRTH | 8.  PLACE OF BIRTH
     SSN          |     NOT APPLICABLE            |     APR 12, 1932  |     PLATTSBURGH, NEW YORK

9.   PERMANENT ADDRESS                           | 10.  TEMPORARY ADDRESS
-------------------------------------------------------------------------------
9A.  STREET ADDRESS: 33 LUCKY ROAD               | 10A. STREET ADDRESS: NOT APPLICABLE
-------------------------------------------------------------------------------
9B.  CITY: PROVIDENCE | 9C.  STATE: RHODE ISLAND | 10B. CITY:          | 10C. STATE:
-------------------------------------------------------------------------------
9D.  ZIP CODE: 23332  | 9E.  COUNTY: BRISTOL     | 10D. ZIP CODE:      | 10E. COUNTY:
-------------------------------------------------------------------------------
9F   HOME TELEPHONE NUMBER: 555-8411             | 10F  HOME TELEPHONE NUMBER:

11.  PATIENT'S SEX | 12.  MOTHER'S MAIDEN NAME | 13.  MOTHER'S NAME | 14.  FATHER'S NAME
     MALE          |      WERTZ                |      SHIRLEY       |      RICHARD

15.  RELIGIOUS PREFERENCE | 16.  DATE OF PREVIOUS CARE | 17.  LOCATION OF PREVIOUS CARE | 18.  SPINAL CORD INJURY
     CATHOLIC             |      NOT APPLICABLE        |      NOT APPLICABLE            |      NOT APPLICABLE
-------------------------------------------------------------------------------
                         PART II - EMERGENCY CONTACT DATA
-------------------------------------------------------------------------------
1A.  FIRST NEXT OF KIN | 1B.  RELATIONSHIP | 1C.  HOME TELEPHONE NUMBER | 1D.  WORK TELEPHONE NUMBER
     CLARK, SALLY      |      WIFE          |      555-8411              |      555-6614

1E.  ADDRESS (Number, Street, City, State, ZIP Code)
     33 LUCKY RD. PROVIDENCE, RHODE ISLAND  23332

2A.  SECOND NEXT OF KIN | 2B.  RELATIONSHIP | 2C.  HOME TELEPHONE NUMBER | 2D.  WORK TELEPHONE NUMBER
     UNANSWERED         |                   |                           |

2E.  ADDRESS (Number, Street, City, State, ZIP Code)

3A.  FIRST CONTACT IN AN EMERGENCY | 3B.  RELATIONSHIP | 3C.  HOME TELEPHONE NUMBER | 3D.  WORK TELEPHONE NUMBER
     CLARK, SALLY                  |      WIFE          |      555-8411              |      555-6614

3E.  ADDRESS (Number, Street, City, State, ZIP Code)
     33 LUCKY ROAD. PROVIDENCE, RHODE ISLAND  23332

4A.  SECOND CONTACT IN AN EMERGENCY| 4B.  RELATIONSHIP | 4C.  HOME TELEPHONE NUMBER | 4D.  WORK TELEPHONE NUMBER
     UNANSWERED                    |                   |                           |

4E.  ADDRESS (Number, Street, City, State, ZIP Code)

   I DESIGNATE THE FOLLOWING PERSON TO RECEIVE POSSESSION OF ALL PERSONAL PROPERTY LEFT ON THE PREMISES UNDER
   VA CONTROL AFTER I LEAVE SUCH PLACE OR AT TIME OF MY DEATH (This does not constitute a will or transfer of title.)

5A.  DESIGNEE     | 5B.  RELATIONSHIP | 5C.  HOME TELEPHONE NUMBER | 5D.  WORK TELEPHONE NUMBER
     CLARK, SALLY |      WIFE          |      555-8411              |      555-6614

5E.  ADDRESS (Number, Street, City, State, ZIP Code)
     33 LUCKY ROAD. PROVIDENCE, RHODE ISLAND  23332
-------------------------------------------------------------------------------
NOTE - The law (38 USC 8520 et seq.) provides that upon the death of any veteran receiving care or treatment by the Department of
Veterans Affairs in any institution or of a dependent or survivor of a veteran admitted to a VA medical facility leaving no
surviving spouse or next of kin or heir entitled to inherit, all personal property, including money or balances in bank, all
claims and chooses in action, owned by such person, and not disposed of by will or otherwise will become the property of the
United States as trustee for the general Post Fund.
===============================================================================
Reg Date/Time:  JAN 04, 1997@15:21        PRINTED: JAN 20, 1997@07:45:37              Clerk: CB/777
```

AUTOMATED VA FORM 10-10   PAGE: 1

10/10 Print without New Registration

Example

```
CLARK,MARK                                                                          656-65-5556
========================================================================================================
                                    PART III - APPLICANT/SPOUSE DATA
--------------------------------------------------------------------------------------------------------
1.   APPLICANT'S EMPLOYMENT STATUS: 1.  EMPLOYED FULL TIME
--------------------------------------------------------------------------------------------------------
2.   SPOUSE'S EMPLOYMENT STATUS: 1.  EMPLOYED FULL TIME
--------------------------------------------------------------------------------------------------------
         3.  APPLICANT INFORMATION                 |          4.  SPOUSE'S INFORMATION
--------------------------------------------------------------------------------------------------------
3A.  OCCUPATION: SALESMAN                          | 4A.  OCCUPATION: ASSISTANT MANAGER
--------------------------------------------------------------------------------------------------------
3B.  EMPLOYER (Name, Street Address, City, State, Zip)  | 4B.  EMPLOYER (Name, Street Address, City, State, Zip)
     QUALITY MOTORS                                |      BRADLEES
     12 1ST AVE.                                   |      80 CENTRAL ST.
     PROVIDENCE, RHODE ISLAND  23330               |      PROVIDENCE, RHODE ISLAND  23332
--------------------------------------------------------------------------------------------------------
3C   WORK TELEPHONE NUMBER:  555-7713              | 4C   WORK TELEPHONE NUMBER:  555-6614
--------------------------------------------------------------------------------------------------------
                                    PART IV - MILITARY SERVICE DATA
--------------------------------------------------------------------------------------------------------
1A. LAST BRANCH OF SERVICE | 1B. LAST SERVICE NUMBER | 1C. LAST DATE OF ENTRY | 1D. LAST DISCHARGE DATE | 1E. DISCHARGE TYPE
    ARMY                   |     656655556          |     JAN 10, 1965       |     JAN 14, 1968        |     HONORABLE
--------------------------------------------------------------------------------------------------------
2A. PRIOR BRANCH OF SERVICE | 2B. PRIOR SERVICE NUMBER | 2C. PRIOR DATE OF ENTRY | 2D. PRIOR DISCHARGE DATE | 2E. DISCHARGE TYPE
    NOT APPLICABLE          |                          |                         |                          |
--------------------------------------------------------------------------------------------------------
3A. PRIOR BRANCH OF SERVICE | 3B. PRIOR SERVICE NUMBER | 3C. PRIOR DATE OF ENTRY | 3D. PRIOR DISCHARGE DATE | 3E. DISCHARGE TYPE
    NOT APPLICABLE          |                          |                         |                          |
--------------------------------------------------------------------------------------------------------
                                    PART V - ELIGIBILITY STATUS DATA
--------------------------------------------------------------------------------------------------------
1.   PATIENT TYPE: NSC VETERAN
--------------------------------------------------------------------------------------------------------
2.  IS THE NEED FOR MEDICAL CARE RELATED  | 3.  IS THE NEED FOR MEDICAL CARE RELATED  | 4.  IS PATIENT ELIGIBLE FOR MEDICAID:
    TO AN ON THE JOB INJURY:  NO          |     TO AN ACCIDENT:  NO                   |     NO
--------------------------------------------------------------------------------------------------------
5A. DOES PATIENT HAVE HEALTH INSURANCE    | 5B. IF YES, COVERAGE PROVIDED BY:
    COVERAGE:   YES                       |         PATIENT'S INSURANCE
--------------------------------------------------------------------------------------------------------
6.  DOES VETERAN HAVE GI  | 7. PRIMARY ELIGIBILITY CODE:  | 8. OTHER ELIGIBILITY CODE:  | 9. PERIOD OF SERVICE:
    INSURANCE:            |    NSC                        |    UNANSWERED               |    VIETNAM ERA
--------------------------------------------------------------------------------------------------------
10. RATED SERVICE CONNECTED CONDITIONS:  NOT APPLICABLE.  NOT A SERVICE-CONNECTED APPLICANT
--------------------------------------------------------------------------------------------------------
11. OTHER ELIGIBILITY DATA
--------------------------------------------------------------------------------------------------------
A.   VETERAN                        |      YES      || L.  SERVICE IN PERSIAN GULF THEATER  | UNAVAILABLE
--------------------------------------------------------------------------------------------------------
B.   PRISONER OF WAR STATUS         |      NO       || M.  DENTAL INJ. |  NO   | TEETH EXTRACTED  |   NO
--------------------------------------------------------------------------------------------------------
C.   EXPOSURE TO AGENT ORANGE       |      NO       || N.  SERVICE CONNECTED                |   NO
--------------------------------------------------------------------------------------------------------
D.   EXPOSURE TO RADIATION          |      NO       || O.  RECEIVING AID & ATTENDANCE       |   NO
--------------------------------------------------------------------------------------------------------
E.   COMBAT SERVICE                 |  UNANSWERED   || P.  RECEIVING HOUSEBOUND             |   NO
--------------------------------------------------------------------------------------------------------
F.   MILITARY DISABILITY            |      NO       || Q.  RECEIVING VA PENSION             |   NO
--------------------------------------------------------------------------------------------------------
G.   VIETNAM SERVICE                |      YES      || R.  RECEIVING VA DISABILITY          |   NO
--------------------------------------------------------------------------------------------------------
H.   LEBANON SERVICE                |      NO       || S.  SERVICE IN SOMALIA               |   NO
--------------------------------------------------------------------------------------------------------
I.   GRENADA SERVICE                |      NO
--------------------------------------------------------------------------------------------------------
J.   PANAMA SERVICE                 |      NO
--------------------------------------------------------------------------------------------------------
K.   PERSIAN GULF SERVICE           |      NO       || T.  VA MONETARY AMOUNT   | NOT APPLICABLE
========================================================================================================
Reg Date/Time:  JAN 04,1997@15:21          PRINTED: JAN 20, 1997@07:45:37                Clerk: CB/777



AUTOMATED VA FORM 10-10                                                                     PAGE: 2
```

10/10 Print without New Registration

Example

```
CLARK, MARK                                                                                    656-65-5556
========================================================================================================
                                PART VI - INCOME SCREENING DATA OR ANNUAL INCOME
--------------------------------------------------------------------------------------------------------
1.  CURRENT MARITAL STATUS: MARRIED              | 1B.  DATE OF MARRIAGE: JUL 22,1965
--------------------------------------------------------------------------------------------------------
2A. WAS PATIENT MARRIED OR SEPARATED AT THE END OF LAST CALENDAR YEAR?: YES
--------------------------------------------------------------------------------------------------------
2B. NAME OF SPOUSE              | 2C. SEX OF SPOUSE | 2D. SPOUSE'S SOCIAL SECURITY NO  | 2E. SPOUSE'S DATE OF BIRTH
    CLARK, SALLY                |     FEMALE        |     111-22-3333                  |     MAY 8, 1935
--------------------------------------------------------------------------------------------------------
                                         3.  DEPENDENTS
--------------------------------------------------------------------------------------------------------
    | A.   NAME            | B.  SOCIAL SECURITY NUMBER | C.  SEX | D. DATE OF BIRTH | E.  RELATIONSHIP | F. DEPENDENT AS
    |                      |                            |         |                  |                  |    OF (DATE)
 1  |    CLARK, MELISSA    |    001-01-0101             | FEMALE  | JULY 7,1973      | DAUGHTER         |    JULY 7,1973


--------------------------------------------------------------------------------------------------------
                     4.  PREVIOUS CALENDAR YEAR (1996) INCOME INFORMATION
--------------------------------------------------------------------------------------------------------
                                        |                           AMOUNT
--------------------------------------------------------------------------------------------------------
     CHECK ALL APPLICABLE BOXES         |    VETERAN    |     SPOUSE    |  DEPENDENTS   |      TOTAL
--------------------------------------------------------------------------------------------------------
    | 1.  SOCIAL SECURITY (NOT SSI)     |       -       |       -       |       -       |         -
    | 2.  U.S. CIVIL SERVICE            |       -       |       -       |       -       |         -
    | 3.  U.S. RAILROAD RETIREMENT      |       -       |       -       |       -       |         -
    | 4.  MILITARY RETIREMENT           |       -       |       -       |       -       |         -
    | 5.  UNEMPLOYMENT COMPENSATION     |       -       |       -       |       -       |         -
    | 6.  OTHER RETIREMENT              |       -       |       -       |       -       |         -
 X  | 7.  TOTAL INCOME FROM EMPLOYMENT  |   $45000.00   |   $35000.00   |       -       |    $80000.00
    | 8.  INTEREST, DIVIDEND, OR ANNUITY INCOME |   -   |       -       |       -       |         -
    | 9.  WORKERS COMPENSATION/BLACK LUNG BENEFITS | - |       -       |       -       |         -
    | 10. ALL OTHER INCOME             |       -       |       -       |       -       |         -
--------------------------------------------------------------------------------------------------------
        11.  TOTAL INCOME                                                              |    $80000.00
--------------------------------------------------------------------------------------------------------
                            PART VII - INELIGIBLE/MISSING DATA
--------------------------------------------------------------------------------------------------------
1.   INELIGIBLE DATE:        | 2.   TWX SOURCE:        | 3.   TWX CITY:        | 4.   TWX STATE:
--------------------------------------------------------------------------------------------------------
5.   REASON:
--------------------------------------------------------------------------------------------------------
6.   VACO DECISION:
--------------------------------------------------------------------------------------------------------
7.   MISSING DATE:           | 8.   TWX SOURCE:        | 9.   TWX CITY:        | 10.  TWX STATE:
--------------------------------------------------------------------------------------------------------
11.  REASON:
--------------------------------------------------------------------------------------------------------
========================================================================================================
Reg Date/Time:  JAN 04,1997@15:21        PRINTED: JAN 20, 1997@07:45:37                 Clerk: CB/777

AUTOMATED VA FORM 10-10                                                                 PAGE: 3
```

10/10 Print without New Registration

Example

```
CLARK, MARK                                                                        656-65-5556
================================================================================================
    THIS PAGE MAY BE REPLACED BY PAGE #4 OF VA FORM 10-10 WHICH CONTAINS PRIVACY ACT NOTICE & CONSENT TO RELEASE INFORMATION
================================================================================================
1.  ELIGIBILITY STATUS            | 2.  STATUS DATE             | 3.  STATUS ENTERED BY
    VERIFIED                      |     MAY 01, 1992           |     MILLER, SARAH
_____
4.  VERIFICATION METHOD           | 5.  SERVICE VERIFICATION DATE
    HINQ                          |     UNANSWERED
_____
*   WARNING:  If you knowingly make a false statement of any material fact in or in connection with this
    application, you are subject to prosecution in a U.S. Court.

*   Completion of this form with signature of the veteran is certification that the veteran has received a copy
    of the Privacy Act Statement.

*   I UNDERSTAND THE QUESTIONS, AND ALL THE ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE
    AND BELIEF.  I AGREE TO ACCEPT TRANSFER TO ANOTHER FACILITY IF, IN THE OPINION OF THE MEDICAL
    STAFF, SUCH TRANSFER IS DEEMED APPROPRIATE.
_____
SIGNATURE OF APPLICANT OR APPLICANT'S REPRESENTATIVE            | DATE
                                                               |
                                                               |
                                                               |
                                                               |
_____|_____
        FOR VA USE ONLY       | VA FACILITY NUMBER   | ADMISSION DATE    | AUTHORITY FOR ADMISSION OR TREATMENT
                              |                      |                   |
                              |        500           |                   |
                              |                      |                   |
                              |                      |                   |
================================================================================================
Reg Date/Time:  JAN 04,1997@15:21          PRINTED: JAN 20, 1997@07:45:37              Clerk: CB/777
```

```
AUTOMATED VA FORM 10-10                                                              PAGE: 4
```

10/10 Print without New Registration

Example
Supplemental Data Sheet
Lines 7b, 7c and 7d will only appear if the selected patient has a past admission.

```
========================================================================================
ALBANY, NY (500)                                                   SUPPLEMENTAL DATA SHEET
========================================================================================
1.  Applicant's Name:  CLARK, MARK                      |  2.  SSN:  656-65-5556
----------------------------------------------------------------|------------------------------------------
3.  Other Name(s):  NO ALIAS ON FILE                    |
----------------------------------------------------------------|------------------------------------------
4.  Remarks:  NO REMARKS CURRENTLY ENTERED FOR THIS APPLICANT   |
----------------------------------------------------------------|------------------------------------------
5.  Fathers Name:  Richard                              |
    Mothers Name:  Shirley                              |
    Mothers Maiden Name:  Wertz                          |
----------------------------------------------------------------|------------------------------------------
6a. Enrollment Clinic(s):  NOT ACTIVELY ENROLLED IN ANY CLINICS AT THIS TIME |
 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - |- - - - - - - - - - - - - - - - - -
6b. Future Appointments:  NO PENDING APPOINTMENTS ON FILE      |
----------------------------------------------------------------|------------------------------------------
7a. Last Admission:  DEC 01,1990@11:14                  |
 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - |- - - - - - - - - - - - - - - - - -
7b. Discharge Diagnosis(es):  UNSPECIFIED
----------------------------------------------------------------|------------------------------------------
7c. Admit Diagnosis:  UNSPECIFIED
 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - |- - - - - - - - - - - - - - - - - -
7d. Diagnosis Responsible for Greatest Length of Stay:  UNSPECIFIED
----------------------------------------------------------------|------------------------------------------
8.  Eligibility Status:  VERIFIED                       | Status Date:  MAY 01,1992
    Verification Method:  HINQ                          | By:  MILLER,SARAH
    Ineligible Date:  ELIGIBLE APPLICANT -- NOT APPLICABLE | TWX Source:  NOT APPLICABLE
    TWX CITY:  NOT APPLICABLE                           | TWX State:  NOT APPLICABLE
    VARO Decision:  NOT APPLICABLE                      |
----------------------------------------------------------------|------------------------------------------
9.  Vietnam Service:  YES    From:  FEB 2,1966    To  :  FEB 2,1967  |
    Agent Orange:  NO     Reg :  NOT APPLICABLE  Exam :  NOT APPLICABLE  |  Reg #:  NOT APPLICABLE
    ION Radiation:  NO    Reg :  NOT APPLICABLE  Method:  NOT APPLICABLE  |
    Prisoner of War:  NO     From:  NOT APPLICABLE  To  :  NOT APPLICABLE  |  Where:  NOT APPLICABLE
    Combat:  NO           From:  NOT APPLICABLE  To  :  NOT APPLICABLE  |  Where:  NOT APPLICABLE
----------------------------------------------------------------|------------------------------------------
10. Next of Kin, Address and Zip Code:                  |   Relationship:  w
    Name:  Clark, Sally                                 |
    33 Lucky RD                                         |   Phone:    555-8411
    Providence, RHODE ISLAND   23332                    |
========================================================================================
reg:  JAN 4,1997@15:21                                          clerk:          CB/777
```

10/10 Print without New Registration

Example
10-10I

```
Printed: JAN 20, 1997@07:45:37
==============================================================================
DEPT OF VETERANS AFFAIRS                        |    INSURANCE INFORMATION
------------------------------------------------------------------------------
The information requested on this form is solicited under authority of Title 38, U.S.C.,
"Veterans Benefits," and will be used to recover the cost of medical care from your insurance
carrier.  The information you supply also may be disclosed outside the VA as permitted by law
or as stated in the "notice of Systems of VA Records" published in the Federal Register in
accordance with the Privacy Act of 1974.  Disclosure is voluntary.  Failure to furnish the
information will have no adverse affect on any other benefits to which you may be entitled.
------------------------------------------------------------------------------
1.  Veterans Name                               |2. Social Security Number
    CLARK, MARK                                 |   656-65-5556
==============================================================================
3.  Health Insurance Carrier (Insurer)          |4. Insurers Telephone no.
    Metropolitan Ins. Co.                       |   645-9898
------------------------------------------------------------------------------
5.  Insurers Address (Street, City, State, Zip Code)
    862 Dorian Drive
    Woonsocket, RI    23341
------------------------------------------------------------------------------
6.  Insurance Policy number - Individual        |7. Group Policy Number
    8764210                                     |   102
------------------------------------------------------------------------------
8.  Effective date of Policy                    |9. Policy Renewal Date
    JAN 1,1986                                  |   JAN 1,1987
------------------------------------------------------------------------------
10. Insured's Name                              |11. Relationship to Veteran
    CLARK, MARK                                 |    SAME
---------------------------------------------------  ---------------------------
12. Insured's Employer                          |13. Employers Telephone Number
    Quality Motors                              |    555-7713
------------------------------------------------------------------------------
14. Employers Address (Street, City, State, Zip Code)
    12 1st Ave.
    Providence, RI    23330
------------------------------------------------------------------------------
15. Insurers local Agent/Adjuster - Name        |16. Agents Telephone Number
    Colin Peterson                              |    555-8752
------------------------------------------------------------------------------
17. Agent's Address (Street, City, State, Zip Code)
    64 Quail St.
    Providence, RI    23336
==============================================================================
18. Other Health Insurance Carrier Name         |19. Telephone Number
                                                |
------------------------------------------------------------------------------
20. Other Insurers Address (Street, City, State, Zip Code)


------------------------------------------------------------------------------
21. Insurance Policy number - Individual        |22. Group Policy Number
                                                |
------------------------------------------------------------------------------
23. Effective date of Policy                    |24. Policy Renewal Date
                                                |
------------------------------------------------------------------------------
25. Insured's Name                              |26. Relationship to Veteran
                                                |
------------------------------------------------------------------------------
27. Insured's Employer                          |28. Employers Telephone Number
                                                |
------------------------------------------------------------------------------
```

10/10 Print without New Registration

Example

```
---------------------------------------------------------------------------------------
29. Employers Address (Street, City, State, Zip Code)


---------------------------------------------------------------------------------------
30. Insurers local Agent/Adjuster-Name              |31. Agents Telephone Number
                                                    |
---------------------------------------------------------------------------------------
32. Agent's Address (Street, City, State, Zip Code)


---------------------------------------------------------------------------------------
```

10/10 Print without New Registration

Example
Third Party Review Sheet

```
NAME:  CLARK, MARK                                                        DATE PRINTED: JAN 20, 1997
                                                                               PT ID: 656655556
INSURANCE CARRIER:  Metropolitan Insurance Company
         ADDRESS:   862 Dorian Drive, Woonsocket, Rhode Island  23341
           PHONE:   645-9898               POLICY #:  8764210                   GROUP #:  102
    PRE-CERT PHONE:                        BILLING PHONE:


INSURANCE CARRIER:
         ADDRESS:
           PHONE:                          POLICY #:                           GROUP #:
    PRE-CERT PHONE:                        BILLING PHONE:


INSURANCE CARRIER:
         ADDRESS:
           PHONE:                          POLICY #:                           GROUP #:
    PRE-CERT PHONE:                        BILLING PHONE:


ADMITTING DX:  Pneumonia                          WARD:  8A
SCHEDULED ADMISSION DATE:                         ADMISSION DATE: DEC 1, 1996
-----------------------------------------------------------------------------------------------------
PRE-ADMISSION CERTIFICATION:
_____NUMBER DAYS CERTIFIED                     _____AUTHORIZATION NUMBER
___X___NOT REQUIRED
_____FAILURE TO MEET ESTABLISHED ADMISSION CRITERIA
_____MEDICAL INFORMATION IS INSUFFICIENT
_____OPT CARE IS MORE APPROPRIATE
_____OTHER LEVELS OF SERVICE ARE MORE APPROPRIATE (NURSING HOME VS HOSPITAL)
_____POLICY DOES NOT COVER MEDICAL CARE REQUIRED
_____COVERAGE EXHAUSTED
_____OTHER                                     PREPARED BY        Con Bennett
-----------------------------------------------------------------------------------------------------
SECOND SURGICAL OPINION NEEDED:   _____YES    __X__NO
SECOND SURGICAL OPINION OBTAINED: _____YES           _____OUTSIDE MD RECOMMENDED AGAINST SURGERY
                                  _____NOT APPLICABLE _____OTHER
                                  _____NOT RECEIVED          PREPARED BY        Con Bennett
-----------------------------------------------------------------------------------------------------
LOS REVIEW DATE: _____      DATE APPROVED: _____
NUMBER OF DAYS EXTENDED: _____                 _____AUTHORIZATION NUMBER
_____PRE-OP DAYS DENIED                _____APPROPRIATE ALTERNATIVE TREATMENT OPTIONS EXIST
_____MORE MEDICAL INFORMATION NEEDED   _____ALTERNATIVE TREATMENT NOT COVERED BY POLICY
_____FAILURE TO MEET CONTINUED STAY CRITERIA   _____AVAILABILITY OF ALTERNATIVE TREATMENT
_____APPROPRIATE ALTERNATIVE TREATMENT OPTIONS EXIST   _____COVERAGE EXHAUSTED
_____OTHER                                     PREPARED BY _____
-----------------------------------------------------------------------------------------------------
BILLS DENIED IN FULL:                     BILL DENIED IN PART:
_____EXCLUSIONARY CLAUSE STILL IN EFFECT   _____DEDUCTIBLE/COPAYMENT APPLIES
_____DEDUCTIBLE/COPAYMENT APPLIES      _____PORTION OF CARE NOT COVERED BY POLICY
_____TYPE OF CARE NOT COVERED BY POLICY    _____EXCEEDS USUAL AND CUSTOMARY CHARGES
_____PATIENT DOES NOT HAVE CURRENT COVERAGE   _____PAYMENT LIMITED TO PREAUTHORIZED DAYS
_____INSURER WILL NOT PAY PER DIEM RATES   _____OTHER
_____TREATMENT/ADMISSION NOT AUTHORIZED BY INSURANCE CARRIER
_____OTHER                             _____BILL PAID IN FULL
                                                  PREPARED BY _____
-----------------------------------------------------------------------------------------------------
REMARKS:



BILL # _____
```

10/10 Print without New Registration

Example
10-10F

```
=====================================================================================================
DEPARTMENT OF VETERANS AFFAIRS                                                    FINANCIAL WORKSHEET
=====================================================================================================
              THE LAW PROVIDES SEVERE PENALTIES FOR WILLFUL SUBMISSION OF FALSE INFORMATION
                      SEE PAGE 3 FOR PRIVACY ACT AND PAPERWORK REDUCTION ACT INFORMATION
-----------------------------------------------------------------------------------------------------
Applicant's Name:  CLARK, MARK                      | Social Security Number:  656-65-5556
-----------------------------------------------------------------------------------------------------

                                           A. Marital Status
-----------------------------------------------------------------------------------------------------
1. Were you married last calendar year. | 2. Did you live with your spouse | 3. If you did not live with your spouse,
   (If "NO", go to Section B).          | last calendar year.  (If "YES",  | show the amount you contributed to your
     YES                                | go to Section B).   YES          | spouse's support last calendar year
                                        |                                  |        NOT APPLICABLE
-----------------------------------------------------------------------------------------------------

                                         B. Dependent Children
-----------------------------------------------------------------------------------------------------
  During last calendar year, did you have any UNMARRIED children or stepchildren who are under the age of 18 or
  between the ages of 18 and 23 and attending school?  OR did you have any unmarried children over the age of 17 who
  became permanently incapable of self-support before reaching the age of 18?  YES  (If "NO", go to Section C)
-----------------------------------------------------------------------------------------------------
    Child's Name       | Permanently   | Did the child  | Did you contribute | Did the     | Was the child's
                       | incapable of  | live with you  | to the child's     | child have  | income available
                       | self-support  |                | support?           | any income? | to you?
       (1)             |    (2)        |     (3)         |      (4)            |    (5)      |   (6)
-----------------------------------------------------------------------------------------------------
   CLARK, MELISSA      |    NO         |    YES         |   NOT APPLICABLE    |    NO       |  NOT APPLICABLE
-----------------------------------------------------------------------------------------------------

C.  Previous Calendar Year Gross Income for 1996  (including amounts deducted for taxes, insurance, Medicare, etc.)
-----------------------------------------------------------------------------------------------------
      Type of Income                         | VETERAN    | SPOUSE    | CHILDREN   | TOTAL
-----------------------------------------------------------------------------------------------------
1.  Social Security (Not SSI)                |     -  |        -  |        -  |      $0.00
-----------------------------------------------------------------------------------------------------
2.  U.S. Civil Service                       |     -  |        -  |        -  |      $0.00
-----------------------------------------------------------------------------------------------------
3.  U.S. Railroad Retirement                 |     -  |        -  |        -  |      $0.00
-----------------------------------------------------------------------------------------------------
4.  Military Retirement                      |     -  |        -  |        -  |      $0.00
-----------------------------------------------------------------------------------------------------
5.  Unemployment Compensation                |     -  |        -  |        -  |      $0.00
-----------------------------------------------------------------------------------------------------
6.  Other Retirement (Company, state, local, etc.)  |  -  |     -  |        -  |      $0.00
-----------------------------------------------------------------------------------------------------
7.  Total Income from Employment
    (Wages, salary, earnings, tips)          | $45000.00| $35000.00|        -  |  $80000.00
-----------------------------------------------------------------------------------------------------
8.  Interest, Dividend, or Annuity Income    |     -  |        -  |        -  |      $0.00
-----------------------------------------------------------------------------------------------------
9.  Workers Compensation or Black Lung Benefits  |  -  |        -  |        -  |      $0.00
-----------------------------------------------------------------------------------------------------
10. All Other Income                         |     -  |        -  |        -  |      $0.00
-----------------------------------------------------------------------------------------------------
11. Total Income                             |                                 |  $80000.00
-----------------------------------------------------------------------------------------------------

                                        D. Deductible Expenses
-----------------------------------------------------------------------------------------------------
1.  List medical expenses ACTUALLY paid by you during the previous calendar year
    (include Medicare and other health insurance expenses).   $0.00
-----------------------------------------------------------------------------------------------------
2.  List amounts paid by you during the previous calendar year for funeral and burial expenses
    of a deceased spouse or child.   $0.00
-----------------------------------------------------------------------------------------------------
3.  List amounts paid by you during the previous calendar year for YOUR educational expenses.
    (Do NOT show spouse's or children's payments)   $0.00
=====================================================================================================
Date of Test:  JAN 04, 1997    Completion Date/Time: JAN 12,1997@14:24    By: CB/777   Printed: JAN 20,1997@07:45:53

VA FORM 10-10F                                                                          PAGE 1
```

10/10 Print without New Registration

Example

```
CLARK,MARK                                                                656-65-5556
======================================================================================
4. Was employment income reported for a child in item C7 | FOR VA USE ONLY | 5. Enter child's income exclusion
        NO                                               |                 |      $5900.00
--------------------------------------------------------------------------------------
              6. List each child for whom employment income was reported in item C7.
--------------------------------------------------------------------------------------

    Child's Name   | Employment  | Exclusion from | Subtract (C) from (B)  | Child's           | Child's countable
                   | income from | item D(5)      | (if "0", skip (E)      | post-secondary    | employment income
                   | item C7     |                | and enter "0" in (F))  | education expenses |
       (A)         |    (B)      |    (C)         |        (D)             |     (E)           |      (F)
--------------------------------------------------------------------------------------
    NOT APPLICABLE |             |                |                        |                   |
--------------------------------------------------------------------------------------


                        TO BE COMPLETED BY VA (VETERANS AFFAIRS)
--------------------------------------------------------------------------------------
7. Child's Reported Employment Income (Item D6(B) above)           |    NOT APPLICABLE
--------------------------------------------------------------------------------------
8. Child's Countable Employment Income (Item D6(F) above)          |    NOT APPLICABLE
--------------------------------------------------------------------------------------
9. Child's Employment Income Exclusion (Subtract Item D8 from Item D7) | NOT APPLICABLE
--------------------------------------------------------------------------------------
10. Total Deductible Expenses (Add Items D1, D2, D3 and D9)        |         $0.00
--------------------------------------------------------------------------------------
11. Attributable Income (Subtract Item D10 from C11)               |     $80000.00
--------------------------------------------------------------------------------------

                        E. Previous Calendar Year Net Worth
--------------------------------------------------------------------------------------
         Type of Asset                  | Veteran         | Spouse         | Total
--------------------------------------------------------------------------------------
1.  Cash, Amounts in Bank Accounts (Include IRAs) |       - |            - |       $0.00
--------------------------------------------------------------------------------------
2.  Stocks and Bonds                    |              - |            - |       $0.00
--------------------------------------------------------------------------------------
3.  Real Property (Not including your primary residence) |        |               |
    (market value of property minus encumbrances)  |   $0.00 |      $0.00 |       $0.00
--------------------------------------------------------------------------------------
4.  Other Property or Assets not Shown Elsewhere |        - |            - |       $0.00
--------------------------------------------------------------------------------------
5.  Debts (Include any debts that will reduce the value |        |               |
    of property listed in E4) (Cannot exceed E4)  |        - |            - |       $0.00
--------------------------------------------------------------------------------------
6.  Net Work (Line E1 + E2 + E3 + E4 minus line E5) |        |               |       $0.00
--------------------------------------------------------------------------------------
7.  TOTAL (Add items D(11) and E(6))    |                |               |   $80000.00
--------------------------------------------------------------------------------------

          Completion of this form with signature of veteran is certification
          that the veteran has received a copy of the privacy act statement.
--------------------------------------------------------------------------------------
THE ABOVE INFORMATION IS CORRECT           | Signature of Veteran or Designee | Date
TO THE BEST OF MY KNOWLEDGE.               |                                  |
--------------------------------------------------------------------------------------

          F.  TO BE COMPLETED BY DISCRETIONARY VETERANS WHO
                ARE REQUIRED TO MAKE COPAYMENTS
Eligibility Category      | Veterans in Category C must agree to pay VA a Deductible not to exceed the Medicare
                          | Deductible plus a per diem for Hospital and Nursing Home care.  A per Visit
                          | Deductible is required for Category C Veterans to receive Outpatient care.
         C                | The Billing Period and Rates are specified in 38 U.S.C.
--------------------------------------------------------------------------------------
I AGREE TO PAY THE VA THE APPLICABLE        | Signature of Veteran or Designee | Date
DEDUCTIBLE FOR MY MEDICAL CARE.             |                                  |
======================================================================================
Special Note(s):

======================================================================================
Date of Test:  JAN 04, 1997   Completion Date/Time: JAN 12,1997@14:24   By: CB/777   Printed: JAN 20,1997@07:45:53


VA FORM 10-10F                                                                PAGE 2
```

10/10 Print without New Registration

Example
Drug Profile

```
Informational Rx Profile                      Run Date: Jan 20,1997                 Page 1
Sorted by drug classification for RXs currently active
and for those RXs that have been inactive less than 30 days.          Site: 500
-------------------------------------------------------------------------------------------
Name: CLARK, Mark              ID#: 656-65-5556
DOB : 04-12-32                 Address  : 33 LUCKY RD
                                          PROVIDENCE, RI   23332
                               Phone    : 555-9999


WEIGHT(Kg): 68.18 (04/23/96)        HEIGHT(cm): 167.64 (04/23/96)
DISABILITIES:

ALLERGIES: TETRACYCLINE

ADVERSE REACTIONS


-------------------------------------------------------------------------------------------
Medication/Supply                               RX#      Status    Expiration    Provider
                                                                   Date

Classification: CN601 - TRICYCLIC ANTIDEPRESSANTS

 AMITRIPTYLINE HCL 25MG TAB    Qty: 30 for 30 days   400233   ACTIVE    07-30-97      JOSE,IAN
         Sig: TAKE 1 ONCE A DAY
         Filled: 05-30-97
         Remaining Refills: 1    Clinic: Mental Health                 Price: $2.00
```

Disposition Outputs Menu
Disposition Time Processing Statistics

EXAMPLE, cont.

```
Registration/Disposition Time Statistics for period covering JUL 24,1990 through JUL 25,1990, Undispositioned
Registrations
=========================================================================================================
Patient Name                    PT ID             Division         Registration Date/Time
=========================================================================================================
BAILEY,MARK                     101235614         ALBANY           JUL 25,1989@11:41
CAMPANA,WILLIAM                 222442222         ALBANY           JUL 24,1989@08:24
COOPER,MICHAEL                  235615243         ALBANY           JUL 24,1989@15:52
HARRINGTON,RODNEY               563413266         ALBANY           JUL 25,1989@11:12
RUBBLE,BENJAMIN                 111222333         ALBANY           JUL 25,1989@15:10
STARSKY,KENNETH                 234234234         ALBANY           JUL 25,1989@09:00
TEDESCO,LAURIE                  456432453         ALBANY           JUL 24,1989@15:57
WOOD,NORMAN                     001827645         ALBANY           JUL 24,1989@15:21
ZALENSKY,CHARLES                098765432         ALBANY           JUL 25,1989@08:00
```

```
=========================================================================================================
Printed: AUG 12,1990                                                                              PAGE: 2
```

Disposition Outputs Menu
Log of Dispositions

Introduction

The Log of Dispositions option provides a report of patient disposition records.

The report may either be produced for all dispositions (open and closed dispositions within a specified log-in date range) or "in process" dispositions. "In process" shows open dispositions only. The report will be sorted by log-in date/time. A YES will appear in the 10-10T column if the registration was entered using the 10-10T form.

If you are at a multidivisional facility, you may select to have the report broken down by division.

If you choose all dispositions and a lengthy date range, it may be best to queue production for off-hours.

Example

Example 1 - Report of open dispositions - single division facility

```
In Process(I) or All(A): I//   IN PROCESS

DEVICE: HIMS PRINTER              RIGHT MARGIN: 132//   <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO//   Y   (YES)

REQUESTED TIME TO PRINT: NOW//   <RET>
REQUEST QUEUED!
```

```
OPEN DISPOSITIONS                                       JAN 17,1996  10:42    PAGE 1
LOG IN DATE/TIME        PT ID         NAME              10-10T
-----------------------------------------------------------------------------------------------

JAN 17,1997  03:01      338471990     BLOTTO,B S
JAN 17,1997  08:00      834992011     DAVIS,ROBERT M
JAN 17,1997  08:02      338290010     KEEFE,CORRINE
JAN 17,1997  08:09      543672291     OHI,DONALD J
JAN 17,1997  08:17      883277618     JOHNSTON,ERIC R
JAN 17,1997  08:23      635299100     COLLUCCI,ANDREW
JAN 17,1997  08:28      637282190     RAUL,RUSSEL P
JAN 17,1997  08:40      352881926     LEHMER,JAMES K
JAN 17,1997  08:47      736291002     STAUFFER,JOHN S
JAN 17,1997  08:56      335267991     PEREZ,CARMELLA M
JAN 17,1997  08:58      232341103     REYNOLDS,MAURICE R
JAN 17,1997  09:11      029388172     POWELL,RODNEY S
JAN 17,1997  09:21      773829917     ROSKY,J R
```

Disposition Outputs Menu
Log of Dispositions

Example

Example 2 - Report of open and closed dispositions within a specified log-in date range at a multidivisional facility

```
In Process(I) or All(A): I//   ALL
Sort by Facility? YES//  <RET>  (YES)

Note: This report requires a column width of 132.

START WITH LOG-IN DATE/TIME: FIRST//   1/10/97
GO TO LOG-IN DATE/TIME: LAST//   1/10/97
    START WITH FACILITY APPLYING TO: FIRST//   <RET>
DEVICE: HIMS PRINTER              RIGHT MARGIN: 132//   <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO//   Y  (YES)

REQUESTED TIME TO PRINT: NOW//   <RET>
REQUEST QUEUED!
```

```
DISPOSITION TOTAL LOG                                          JAN 17,1997  10:43    PAGE 1
                                                              REASON FOR LATE
LOG-IN          LOG-OUT         PROCESS  DISPOSITION PT ID     NAME        DISPOSITION         10-10T
-------------------------------------------------------------------------------------------------------

          FACILITY APPLYING TO: BROCKTON
1/10/97 7:45 AM  1/10/97 18:05 PM  O:10:20  ADMIT        281944209  BARBAR,E     COMPUTER INOPER
1/10/97 8:10 AM  1/10/97  8:57 AM  0:00:47  ADMIT        382891002  ROSEWATER,I  ADMINISTRATIVE
1/10/97 10:05 AM 1/10/97 12:15 PM  0:02:10  NO CARE      234199280  KAUFMAN,A    REASON NOT KNOWN
1/10/97 11:02 AM 1/10/97 01:30 PM  0:02:28  DOA          665372881  MOLOVINSKY,L ADMINISTRATIVE
1/10/97 11:23 AM 1/10/97 02:50 PM  0:03:13  ADMIT        339928118  JEM,DOLLY    COMPUTER INOPER
1/10/97 12:35 PM 1/10/97 03:20 PM  0:02:55  ADMIT        727771999  PLATTEN,P    COMPUTER INOPER
1/10/97 12:41 PM 1/10/97 03:10 PM  0:02:51  NO CARE      567219923  HAYES,J      REASON NOT KNOWN
1/10/97 01:13 PM 1/10/97 03:20 PM  0:01:57  REFERRED     348819231  PEDIGREW,J   OTHER DELAY
1/10/97 01:33 PM 1/10/97 03:50 PM  0:02:27  ADMIT        776281997  MYERS,S      ADMINISTRATIVE
1/10/97 01:50 PM 1/10/97 04:35 PM  0:02:55  CANCEL APPL  617341178  BAILY,F      ADMINISTRATIVE      YES
1/10/97 02:25 PM 1/10/97 05:05 PM  0:02:40  ADMIT        229187665  DANVERS,N    OTHER DELAY
1/10/97 02:55 PM 1/10/97 06:35 PM  0:03:40  ADMIT        339281644  XAVIER,C     COMPUTER INOPER
```

Inconsistent Data Elements Report

Introduction

The Inconsistent Data Elements Report option generates a report of patients identified by the Consistency Checker as having inconsistent/unspecified data in their records for a selected date range. This report contains entries in the INCONSISTENT DATA file (#38.5).

The Consistency Checker must be turned ON at your site in order to run this report.

You may elect to run this report within a specified date range of either admission dates, identification dates (dates inconsistent/unspecified data were identified), or registration dates. It may be listed by terminal digit or patient name.

The listing will include the patient name, home phone #, social security number, date of identification, initials of person who last edited the file, and the number(s) corresponding to the inconsistent/unspecified data elements. A legend will be given at the bottom of the report showing what inconsistent/unspecified data item each number corresponds to.

Example

```
Generate a listing of inconsistent data elements by:

    ADMISSION DATE
    IDENTIFICATION DATE
    REGISTRATION DATE

CHOOSE OUTPUT METHOD OR ENTER '^' TO QUIT:   IDENTIFICATION DATE

Start with IDENTIFICATION DATE:  T-7   (JAN 08,1997)
     Go to IDENTIFICATION DATE: JAN 08,1997//   T   (JAN 15,1997)

List by (N)ame or (T)erminal Digit:   NAME

THIS OUTPUT REQUIRES 132 COLUMN OUTPUT

DEVICE: HOME//  ADMS PRNT          RIGHT MARGIN: 132//   <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO//   Y   (YES)

Requested Start Time: NOW//   <RET>   (JAN 15,1997@07:23)

Request Queued!
```

Inconsistent Data Elements Report

Example

```
INCONSISTENT ELEMENTS FOR PATIENTS WITH AN IDENTIFICATION DATE BETWEEN 'JAN 08,1997' AND 'JAN 15,1997', PAGE 1  JAN 15, 1997

                                               Last Day  Last
Patient Name        Home Phone #     Soc Sec #  ID'ed    Edited by  Inconsistent/Missing Data Elements
========================================================================================================
ALDERSON,ROGER      444-9033         111111111  09-08-91  MC        8
BAXTER,HENRY                         222222222  09-08-91  CAW       6,8
CUMMINGS,CHARLES    454-8788         333333333  09-11-91  GN        3,5,6,8
DEXTER,MARTIN                        444444444  09-15-91  OP        3,5,6,8
FRANK,JONATHAN                       555555555  09-13-91  PM        8
HAIGHT,ROBERT       435-0999         666666666  09-12-91  AS        8,13,14,99
MARTIN,HERMAN                        777777777  09-11-91  EW        5,6,9,10,14,99
SHELDON,HOWARD                       888888888  09-10-91  TY        3,5,6,78,13,14,99
VERNON,FRANK                         999999999  09-14-91  GS        5,6,9,10,14,99


*****************************************************************************************************************
TABLE OF INCONSISTENT/MISSING DATA ELEMENTS
1   NAME FORMAT UNACCEPTABLE          2   ALIAS FORMAT INCONSISTENT       3   SEX UNSPECIFIED
4   DOB UNSPECIFIED                   5   MARITAL STATUS UNSPECIFIED      6   RELIGION UNSPECIFIED
7   SSN UNSPECIFIED                   8   ADDRESS DATA INCOMPLETE         9   VETERAN STATUS UNSPECIFIED
10  SC PROMPT UNANSWERED              11  SC PROMPT INCONSISTENT          12  SC% UNSPECIFIED FOR SC VET
13  POS UNSPECIFIED                   14  ELIG CODE UNSPECIFIED           15  INEL REASON UNSPECIFIED
16  DATE OF DEATH IN FUTURE           17  EXPIRED, PENDING APPOINTMENTS   18  ELIG/VET STATUS INCONSISTENT
19  ELIG/NONVET STAT INCONSISTENT     20  ELIG/SC% INCONSISTENT           22  ELIG CODE INCONSISTENT
23  VERIFIED, NO ELIG DATE            24  POS/ELIG CODE INCONSISTENT      25  AO CLAIMED, NO VIET SVC
26  VIET SVC CLAIMED, NONVET          27  AO CLAIMED, NONVET              28  RAD CLAIMED, NONVET
29  A&A CLAIMED, NONVET               30  HOUSEBOUND CLAIMED, NONVET      31  VA PENSION CLAIMED, NONVET
32  MILIT. RET. CLAIMED, NONVET       33  GI INS CLAIMED, NONVET          34  POW CLAIMED, NONVET
35  COMBAT CLAIMED, NONVET            36  PATIENT TYPE UNDEFINED          37  POW DATA MISSING
38  POW DATES INCONSISTENT            39  COMBAT DATA MISSING             40  COMBAT DATES INCONSISTENT
41  VIETNAM DATA MISSING              42  VIETNAM DATES INCONSISTENT      43  A&A MISSING DOLLARS
44  HOUSEBOUND MISSING DOLLARS        45  VA PENSION MISSING DOLLARS      46  SOC. SECURITY MISSING DOLLARS
47  MIL. RETIRE MISSING DOLLARS       48  GI INSURANCE MISSING DOLLARS    49  INSURANCE 'YES' BUT NONE
50  INSURANCE NOT 'YES' BUT SOME      51  BOS/POS INCONSISTENT            52  INSURANCE PROMPT UNANSWERED
53  EMPLOYMENT STATUS UNANSWERED      54  DEPENDENT'S SSN MISSING         55  INCOME DATA MISSING
56  VA DISABILITY MISSING DOLLARS     57  MEDICAID NEEDS UPDATING         58  EC CLAIM-NO PERS GULF/SOM SVC
99  CAN'T PROCESS FURTHER
```

Registration Menu

This menu contains those options related to the processing of patient applications for care. This includes creation and editing of patient records, assigning a sensitive security level to certain patient records in order to restrict user access, registration and disposition, determination of need for and performance of Means Tests and Copay Tests, and updating eligibility status on a patient.

Central to just about all functions in the ADT/R system is the creation of patient records in your computer. This will usually be accomplished through the Register A Patient option at the time a patient applies for care at your facility. If a patient is not applying for care, but you wish to enter them into your database, you should do so using the Load/Edit Patient Data option rather than Register A Patient.

The information necessary to create a patient's record is gathered and displayed via a series of formatted data screens. You will see these screens in several other registration-related options as well as Register A Patient and Load/Edit Patient Data. The information which is gathered on each patient depends upon their patient type assignment; i.e., non-service connected, service connected, employee, etc. There are a number of exported patient types, and your site also has the ability to enter its own. For each patient type various Registration Screens may be turned OFF and ON depending upon what information is needed for that particular patient type. You will find this more fully explained in the documentation pertaining to those options which utilize the screens.

A Supplement has been included which gives examples of each of the registration screens as well as descriptions of the data which will be prompted when using them. The following menus/options are provided in this section.

10-10T REGISTRATION
This option collects data for the 10-10T, Application for Medical Benefits. The VA Form 10-10T collects the minimum amount of data required to begin the medical care process.

COLLATERAL PATIENT REGISTER
This option is used to enter a collateral patient into the system. The patient selected cannot be a veteran.

COPAY EXEMPTION TEST USER MENU

   ADD A COPAY EXEMPTION TEST
   This option allows adding a new Copay Test into the system.

EDIT AN EXISTING COPAY EXEMPTION TEST
This option is used to make changes to data in existing Copay Tests.

LIST INCOMPLETE COPAY EXEMPTION TEST
This option is used to generate a listing of patients who have an incomplete
Copay Test on file.

VIEW A PAST COPAY TEST
This option is used to view past Copay Test data.

DEATH ENTRY
This option is used to record a patient as having expired when they expire outside
your facility.

DELETE A REGISTRATION
This option is used to delete a registration which has not been dispositioned.

DISPOSITION AN APPLICATION
This option is used to enter the final outcome of a registration; i.e., whether the
patient was admitted, scheduled for a return visit, treated with no further care
necessary, etc.

DISPOSITION LOG EDIT
This option is used to edit information appearing on the Disposition Log for selected
patients.

EDIT INCONSISTENT DATA FOR A PATIENT
This option is used to run the Consistency Checker for a selected patient, edit their
inconsistent/unspecified data, and update the INCONSISTENT DATA file
accordingly.

ELIGIBILITY INQUIRY FOR PATIENT BILLING
This option provides a quick reference to patient information used in determining
appropriate patient billing.

ELIGIBILITY VERIFICATION
This option is used to enter/edit a patient's eligibility data as well as update their
verification status without accessing their entire record.

ENTER/EDIT PATIENT SECURITY LEVEL
This option is used to restrict user access to computer records of certain patients by
flagging them as sensitive. Access of such records is tracked and logged by the
system.

LOAD/EDIT PATIENT DATA
This option is used to create and/or edit a patient record without generating a registration.

MEANS TEST USER MENU

ADD A NEW MEANS TEST
This option allows completion of Means Tests for patients in a REQUIRED status, not necessarily appearing on Means Test List. You must hold the DG MEANSTEST security key in order to use this option.

ADJUDICATE A MEANS TEST
This option allows entry of final outcome of Means Tests referred to Adjudication. You must hold the DG MEANSTEST security key in order to use this option.

CHANGE A PATIENT'S MEANS TEST CATEGORY
This option allows a patient's Means Test Category to be changed without performing another Means Test. May be used for hardship cases. You must hold the DG MEANSTEST security key in order to use this option.

COMPLETE A REQUIRED MEANS TEST
This option allows completion of Means Tests for patients in a REQUIRED status, whose names appear on the Means Test List.

DOCUMENT COMMENTS ON A MEANS TEST
This option is used to add/edit/delete free-text comments on a selected Means Test.

EDIT AN EXISTING MEANS TEST
This option is used to make changes to and/or view data in existing Means Tests. You must hold the DG MEANSTEST security key in order to use this option.

VIEW A PAST MEANS TEST
This option allows viewing of past Means Tests data.

PATIENT INQUIRY
This option displays current patient information including basic demographic information, inpatient status, and future appointments.

PRINT PATIENT WRISTBAND
This option is used to print a patient wristband with bar coded social security number.

REGISTER A PATIENT
This option is used to create and/or edit a patient record while generating a registration (Application for Care). This registration must subsequently be dispositioned.

VIEW REGISTRATION DATA
This option is used to view the data contained in a patient's record. Editing is not permitted through this option.

Collateral Patient Register

Introduction

This option is used to enter a collateral patient into your system. A collateral patient is a non-veteran patient whose appointment is related to or associated with a veteran's treatment. The patient selected must have an eligibility code of COLLATERAL OF VET and a period of service of OTHER NON-VETERAN.

You may enter new patients as collaterals or designate patients already in your database as collaterals. If you enter a patient already in your database, the system checks data in the patient's file to determine if he/she meets the conditions which qualify him/her as a collateral patient. If the requirements are not met, a message is displayed on your screen and you will not be permitted to proceed.

You may also use this option to edit information pertaining to a collateral patient. In these cases, the existing information will be shown as defaults.

The chart beginning on the following page shows the prompts and steps involved in using this option.

10-10T Registration

Introduction

This option collects data for the VA Form 10-10T - Application for Medical Benefits. The 10-10T was designed to collect the minimum amount of patient information required to process a patient for medical care. The objective was to decrease the amount of time involved with the initial application for care. Use of the 10-10T as the default form for initial medical care applications and for mail-in applications has been mandated in VHA Directive 10-95-072.

If you select a patient who has been previously registered or for whom data has been entered previously through this option, the information on file will be displayed via a series of List Manager screens. You may select "interview" at any screen to edit all the data elements.

If you *register the patient* while utilizing this option, you may also be able to print the following forms: the Supplemental Data Sheet, the Patient Drug Profile, the 10/10, the 10/10I, the 10-10F, the Third Party Review Sheet, and Encounter Forms. Specific printers may be designated to automatically print most of these forms through the MAS Parameter Entry/Exit option. A YES entry at the "Ask Device in Registration" parameter will force the DEVICE prompt at the beginning of registration the first time through and set the 10/10, routing sheet, and drug profile printer to that device. This takes precedence over all devices defined as default printers or closest printer. If you do not register the patient, you will only be able to print the 10-10T form.

The Supplemental Data Sheet contains some of the same information found on the 10/10 (social security number, next of kin) along with clinic information including clinic enrollment and future appointments. This form will automatically be printed along with the 10/10 form if the ADT/R parameter "Supplemental 10/10" is set to YES.

The Patient Drug Profile lists the patient's prescriptions that are on file and any pending outpatient clinic appointments. You may choose to print an action or informational type drug profile. Whether or not the drug profile prompts appear in this option will depend on how the ADT/R parameter "Print Drug Profiles with 10-10" is set at your facility.

The 10/10 - Application for Medical Benefits is the basic form used to obtain all necessary information about a patient requesting medical care.

10-10T Registration

Introduction

The 10/10F - Financial Worksheet provides financial information on the veteran for Means Test tracking purposes. It shows all assets including salaries, interest and dividends, stocks, bonds, real estate holdings, etc. The prompt to print this form will only appear if the patient has a completed Means Test.

The 10/10I - Insurance Information Form contains information concerning the veteran's private health insurance. The name, address, and telephone number of the patient's local insurance agent is provided. This information will be provided for each different health insurance the veteran has. The prompt to print this form will only appear if the patient has private medical insurance.

The Third Party Review Sheet is used in connection with veterans admitted to the hospital who have private medical insurance. The insurance data is not displayed on the form if the insurance has expired. The prompt to print this form will only appear if the patient has private medical insurance and past or scheduled admissions.

Whether or not the health summary prompts appear in this option will depend on your site running the Health Summary package V. 2.5 (Patch #3 or higher) and how the ADT/R health summary site specific parameters are set.

Whether or not the encounter form prompts appear in this option will depend on how the ADT/R encounter form site parameters are set at your facility.

You also have the ability to print patient data cards through this option. The "Ask EMBOSS at Registration" site parameter must be set to YES in order for the data card prompts to appear here. With the installation of the Veteran Identification Card (VIC) software, the prompt "Download VIC data?" appears which allows you to download the selected patient's demographic data to the photo capture station.

At multidivisional facilities, the primary facility will be listed on the forms.

10-10T Registration

Example

```
Select PATIENT NAME:  DRIVER,ROGER
    ARE YOU ADDING 'DRIVER,ROGER' AS A NEW PATIENT (THE 1799TH)? No//    Y   (Yes)
    PATIENT SEX:  M   MALE
    PATIENT DATE OF BIRTH:  2 3 44   (FEB 03, 1944)
    PATIENT SOCIAL SECURITY NUMBER:  012034056
    PATIENT TYPE:  NSC VETERAN
    PATIENT VETERAN (Y/N)?:  Y   YES

    ...searching for potential duplicates..

    No potential duplicates have been identified.

    ...adding new patient

    Please enter the following additional information:

---Patient: Eligibility, Demographic---
    Emergency Contact and Military Service
STREET ADDRESS [LINE 1]:  82 HARPER WAY
STREET ADDRESS [LINE 2]:  <RET>
CITY:  SARATOGA
STATE:  NY  NEW YORK
ZIP+4:  12207
COUNTY:  SARATOGA   091
PHONE NUMBER [RESIDENCE]:  777-7777
PHONE NUMBER [WORK]:  555-5555
MARITAL STATUS:  NEVER MARRIED
K-NAME OF PRIMARY NOK:  DRIVER,JOSEPH
K-RELATIONSHIP TO PATIENT:  FATHER
K-ADDRESS SAME AS PATIENT'S?: NO//   Y   YES
K-WORK PHONE NUMBER:  <RET>
E-EMER. CONTACT SAME AS NOK?: NO//   Y   YES
E-WORK PHONE NUMBER:  <RET>
SERVICE BRANCH [LAST]:  ARMY
SERVICE NUMBER [LAST]:  SSN   012034056
POW STATUS INDICATED?:  N   NO
AGENT ORANGE EXPOS. INDICATED?:  N   NO
RADIATION EXPOSURE INDICATED?:  N   NO
ENVIRONMENTAL CONTAMINANTS?:  N   NO
DISABILITY RET. FROM MILITARY?:  N   NO
SERVICE CONNECTED?: NO//  <RET>
RECEIVING A&A BENEFITS?:  N   NO
RECEIVING HOUSEBOUND BENEFITS?:  N   NO
RECEIVING A VA PENSION?:  N   NO
PRIMARY ELIGIBILITY CODE:  NSC   5   5   VETERAN
MEANS TEST REQUIRED
Select ELIGIBILITY: NSC//  <RET>
  ELIGIBILITY: NSC//  <RET>
Select ELIGIBILITY:  <RET>
```

10-10T Registration

Example

```
PERIOD OF SERVICE: 7   VIETNAM ERA   (7)   (8/5/64-5/7/75)


---Marital---
MARRIED LAST CALENDAR YEAR: NO//   <RET>   NO


---Income---
LAST YEAR'S ESTIMATED "HOUSEHOLD" TAXABLE INCOME:   30000


---Insurance---
COVERED BY HEALTH INSURANCE?:  N   NO


---HINQ Inquiry---
    Money Verified: NOT VERIFIED       Service Verified: NOT VERIFIED
Do you wish to request a HINQ inquiry? No//   <RET>   (No)


---Consistency Checker---

Checking data for consistency...

===> 3 inconsistencies found in 0 seconds...

===> 3 inconsistencies filed in 0 seconds...


DRIVER,ROGER (012-03-4056)                                    FEB 3,1944
==============================================================================
6 - RELIGION UNSPECIFIED              53 - EMPLOYMENT STATUS UNANSWERED
55 - INCOME DATA MISSING**

Inconsistencies followed by two (2) asterisks [**] must be corrected by
using the appropriate MAS menu option(s).

All items not followed by an asterisk can be edited at this time.  If these
items are not corrected at this time, a bulletin will be sent to the
appropriate hospital personnel.

DO YOU WANT TO UPDATE THESE INCONSISTENCIES NOW? Yes//   N   (No)

Initial notification message sent...          .........

At this time you may Register the patient if he or she is present and
seeking care.  Answer 'No' if this was a mail-in application.

Would you like to Register the patient? YES//   <RET>

Select Admitting Area:  TROY ADMITTING

PRINT BARCODE LABELS FOR PATIENT'S FOLDERS? YES//   NO

ISSUE REQUEST FOR RECORDS? YES//   NO
```

10-10T Registration

Example

Is the patient currently being followed in a clinic for the same condition?   **N**
  (No)

Is the patient to be examined in the medical center today? Yes//   **<RET>**   (Yes)

Registration login date/time: NOW//   **<RET>**   (JAN 24, 1997@07:43)
TYPE OF BENEFIT APPLIED FOR: **OUTPATIENT M**   OUTPATIENT MEDICAL
TYPE OF CARE APPLIED FOR: **5**   ALL OTHER
FACILITY APPLYING TO: TROY//   **<RET>**
REGISTRATION ELIGIBILITY CODE: NSC//   **<RET>**   5   5   VETERAN

Updating eligibility status for this registration...

  NEED RELATED TO AN ACCIDENT: **N**   NO
  NEED RELATED TO OCCUPATION: **N**   NO

Patient Requires a Means Test
Primary Means Test Required from 'JAN 24,1997'

Do you wish to proceed with the means test at this time? YES//   **NO**
PRINT 1010T? Yes// **<RET>**   (Yes)   (Task: 19522)
PRINT 10/10? Yes// **N**   (No)
PRINT DRUG PROFILE? Yes// **N**   (No)
PRINT HEALTH SUMMARY? Yes// **N**   (No)
ROUTING SLIP? Yes// **N**   (No)

Download VIC data? No// **<RET>**   (No)
EMBOSS (OLD) DATA CARD? No// **<RET>** (No)
PRINT ENCOUNTER FORMS? Yes// **N**   (No)

10-10T Registration

Example

```
                                                                      VA FORM 10-10T
=====================================================================================
                    D E P A R T M E N T   O F   V E T E R A N S   A F F A I R S
=====================================================================================
FACILITY: ALBANY (500)                                      APPLICATION FOR MEDICAL BENEFITS
-------------------------------------------------------------------------------------
1. Applicant's Name               |2. Social Security Number  |3. Date of Birth
   DRIVER,ROGER                    |   012-03-4056             |   FEB 03,1944
-------------------------------------------------------------------------------------
4A. Applicant's Mailing Street Address
    82 HARPER WAY
-------------------------------------------------------------------------------------
4B. City              |4C. County         |4D. Zip Code       |4E. State
    SARATOGA          |    SARATOGA       |    12207          |   NEW YORK
-------------------------------------------------------------------------------------
5. Patient's Sex      |6. Home Telephone Number  |7. Work Telephone Number
   MALE               |   777-7777               |   555-5555
-------------------------------------------------------------------------------------
8A. Emergency Contact        |8B. Relationship |8C. Home Telephone Number |8D. Work Telephone Number
    DRIVER,JOSEPH            |    FATHER        |    777-7777             |    UNANSWERED
-------------------------------------------------------------------------------------
8E. Mailing Address of Emergency Contact              |9. Is Emergency Contact
    82 HARPER WAY                                     |Also Next of Kin
    SARATOGA, NEW YORK    12207                       |    YES
-------------------------------------------------------------------------------------
10. Benefit Applying For: HOSPITAL/OUTPATIENT TREATMENT
-------------------------------------------------------------------------------------
11. Applicant Status: NSC VETERAN
-------------------------------------------------------------------------------------
A. Service Connected  |B. Prisoner of War |C. Aid and Attendance |D. Military Disability Retired
   NO                 |   NO              |   NO                 |   NO
-------------------------------------------------------------------------------------
E. VA Pension         |F. Primary Eligibility Code |G. Other Eligibility Code
   NO                 |   NSC                      |   UNANSWERED
-------------------------------------------------------------------------------------
12. Exposure To:      |A. Agent Orange   |B. Radiation       |C. Environmental Contaminants
                      |   NO             |   NO              |   NO
-------------------------------------------------------------------------------------
13. Medical Care Related To: |A. On-The-Job-Injury |B. Accident
                             |   NO                |   NO
-------------------------------------------------------------------------------------
14A. Do You Have Health Coverage |14B. Name of Health Insurance Carrier
     NO                          |
-------------------------------------------------------------------------------------
15. Branch of Service |16. Latest Service Number |17. Marital Status
    ARMY              |    012034056             |    NEVER MARRIED
-------------------------------------------------------------------------------------
18A. Spouse's Name                    |18B. Spouse's Social Security Number
                                      |
-------------------------------------------------------------------------------------
18C. Year of Marriage |18D. Number of Dependents |19. Last Year's Estimated "Household" Taxable Income
                      |                          |   $30000
=====================================================================================
Reg Date/Time: JAN 24, 1997@07:43        PRINTED: JAN 24, 1997@07:45:37        Clerk: CB/888


AUTOMATED VA FORM 10-10T                                                    PAGE: 1
```

10-10T Registration

Example

```
DRIVER,ROGER                                                                               012-03-4056
=========================================================================================================
Consent To Release Information: I hereby authorize the Department of Veterans Affairs to disclose any such history, diagnostic and
treatment information from my medical records (including information relating to the diagnosis, treatment or other therapy for the
conditions of drug abuse, alcoholism or alcohol abuse, sickle cell anemia, or testing for or infection with the human
immunodeficiency virus) to the carrier or contractor of any health plan contract under which I am apparently entitled to medical
care or payment of the expense of care that is identified above, as considered necessary by VA representatives for the discharge
of the legal or contractual obligations of the insurer or other party against whom liability is asserted.  I understand that I
may revoke this authorization at any time, except to the extent that action has already been taken in reliance on it.  Without my
express revocation, this consent will automatically expire when all action arising from VA's claim for reimbursement for my
medical care has been completed.
_____
Co-payment Notice: If your household income exceeds the established threshold, you will be considered "Discretionary".
Such veterans must pay a co-payment not to exceed the Medicare deductible, plus a per diem for hospital and nursing care.
By signing this application, you are agreeing to pay the VA the applicable co-payment if you are determined to be a
"discretionary" veteran.
_____
Signature of Applicant                                                        |Date
                                                                              |
                                                                              |
_____
Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for
reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing
the collection of information.  Send comments regarding this burden estimate or any other aspects of this collection, including
suggestions for reducing this burden to VA Clearance Officer (045A4), 810 Vermont Avenue, NW, Washington, DC 20420.
_____
PRIVACY ACT NOTICE:  The information requested on this form is solicited under authority of Title 38, U.S.C., Sections 710, 1712
and 1722.  It is being collected to enable us to determine your eligibility for medical benefits, identify your medical records,
and provide basic data for your treatment.  Additional information, such as medical history, may be solicited during the course of
your medical evaluation or treatment.  The income and eligibility information you supply may be verified through a computer
matching program at any time and information may be disclosed outside VA as permitted by law; possible disclosures include
those described in the "routine uses" identified in the VA system of records 24VA136, Patient Medical Records-VA, published
in the Federal Register in accordance with the Privacy Act of 1974.  These "routine uses" include disclosures: in response
to court subpoenas; to epidemiological and other research facilities for research purposes; in connection with collections
of amounts owed to the United States; to the Department of Justice for use in litigation; to other Federal agencies in connection
with their employment determinations, investigations, or issuance of licenses or benefits; to report apparent law violations to
other Federal, State or local agencies charged with law enforcement responsibilities; in response to an official request from a
criminal or civil law enforcement governmental agency charged with the protection of public health or safety; to the Internal
Revenue Service to verify unearned income, collect amounts owed VA, and to report as income debts that are waived, compromised or
otherwise forgiven; to the Social Security Administration to verify earned income and employment data; to notify State licensing
boards and Federal agencies of the health care practices of health care providers; to non-VA health care providers; to non-VA
health care providers or facilities when the patient is referred for medical care at VA expense; to private sector organizations
for the purpose of obtaining accreditation or approval rating for the health care facility; to non-VA nursing homes for
preadmission screening; or, to contractors to perform the services covered by the contract.  Disclosure is voluntary, however,
failure to furnish the information will result in our inability to process your request and serve your medical needs.
Failure to furnish the information will have no adverse effect on any other benefits to which you may be entitled.
Disclosure of the Social Security number(s) of those for whom benefits are claimed is requested under the authority of
Title 38, U.S.C., and is voluntary.  Social Security numbers will be used in the administration of veteran's benefits,
in the identification of veterans or persons claiming or receiving VA benefits and their records and may be used for
other purposes where authorized by both Title 38, U.S.C., and the Privacy Act of 1974 (5 U.S.C. 552a) or where
required by another statute.
=========================================================================================================
Reg Date/Time: APR 04, 1992@15:21            PRINTED: MAY 20, 1992@07:45:37           Clerk: CB/888
```

Disposition an Application

Introduction

This option is used to record the final outcome of a patient's application for care (i.e., whether they were admitted, scheduled for a return visit, no treatment was necessary). Patients having open registrations (registrations which have not been dispositioned) may not be reregistered until dispositioning is accomplished. You may obtain a list of those dispositions which are open or pending determination through the Pending/Open Disposition List option under the ADT Outputs menu.

If applicable, you will be afforded the opportunity to complete a Means Test or perform special survey dispositioning.

If the amount of hours between registration and disposition is greater than the amount of time specified in the MAS site parameter, TIME FOR LATE DISPOSITION, the "Reason for Late Disposition" prompt will appear.

Following data entry, the system will disposition the application and categorize the registration in the correct AMIS 401-420 series. All patient registrations must be dispositioned in order to be counted in this series. For Means Test patients, final determination will be made at the time the AMIS 401-420 report is actually run. This has been done to account for possible fluctuation in patients' Means Test categories as a result of having multiple Means Tests performed within a period of time.

An UNSCHEDULED (1010) VISIT OE/RR NOTIFICATION may be displayed with V. 2.5 of Order Entry/Results Reporting. The disposition must have a change in status from APPOINTMENT W/O EXAM to 10/10 or UNSCHEDULED in order for a notification to be displayed. The notification will only be displayed for patients who are defined in an OE/RR LIST entry and will only be displayed to users defined in that list entry. Please refer to the Order Entry/Results Reporting documentation for more information concerning OE/RR notifications, if needed.

When dispositioning a patient to admission, a warning will appear and the admission process will be bypassed if the patient is currently an inpatient or a lodger. If the patient is a lodger, he/she must be checked out as a lodger prior to being dispositioned. This can be accomplished through the Lodger Check-out option found in the Bed Control menu.

Depending on the type of disposition selected, other PIMS functionality may be accessed (i.e., Make Appointment). Please refer to the appropriate option documentation, if necessary.

Disposition an Application

Introduction

The eligibility code and period of service are now required before a registration can be dispositioned. These elements were previously checked for at registration.

Registrations (10-10 and unscheduled) must be checked out to complete the disposition. When the system attempts checkout, the appropriate service-connection and exposure questions for the selected patient are asked. Depending on how the disposition parameters are set in the Scheduling Parameters option and whether or not the checkout is complete, you may also be prompted through a checkout interview. Providers, diagnoses, procedure codes, and stop codes may be added, edited, or deleted for the selected application. Depending on how site parameters are set, these fields may be required to complete the checkout.

You also have the option to display the Check Out screen. The Check Out screen is displayed showing classification, provider, diagnosis, and associated stop code information with a list of actions for selection. Many of these actions automatically access other PIMS or Record Tracking functionality. Please refer to the appropriate option documentation, if necessary. Actions that appear in parentheses on this screen are not available through this option. Double question marks (??) may be entered to display additional screen actions. For assistance in using this screen, you may enter (??) at the "Select Action" prompt or refer to the List Manager section located in the Orientation of this manual.

Example

```
Disposition PATIENT:  CAN,MICK       03-03-45     123456789   SC VETERAN

LOG DATE                 TYPE OF BENEFIT APPLIED FOR
-----------------------------------------------------
07/10/96   08:00         HOSPITAL

STATUS: 10/10 VISIT//  <RET>
TYPE OF BENEFIT APPLIED FOR: HOSPITAL//   <RET>
TYPE OF CARE APPLIED FOR: ALL OTHER//   <RET>
REGISTRATION ELIGIBILITY CODE: SC LESS THAN 50%//   <RET>
LOG OUT DATE/TIME: NOW//  <RET>   (JUL 10,1996 14:51)
REASON FOR LATE DISPOSITION:  DELAY IN BEING SEEN

Select the type of disposition:  TREATMENT PROVIDED NO RETURN
Select DISPOSITION HOSPITAL LOCATIONS:   ADMITTING AREA

--- Classification --- [Required]

Was treatment for SC Condition?  Y   YES
```

Disposition an Application

Example

```
PAT/APPT/CLINIC:  CAN,MICK  JUL 10, 1996@08:00                    NEUROLOGY
PROVIDER: ...There are 0 PROVIDER(S) associated with this encounter.

                    - - E N C O U N T E R   P R O V I D E R S - -
No. PROVIDER
                    No PROVIDERS for this Encounter.



Enter PROVIDER: babson,laurel   LB   1   BABSON,LAUREL
Is this the PRIMARY provider for this ENCOUNTER? YES//    <RET>




PAT/APPT/CLINIC:  CAN,MICK  JUL 10, 1996@08:00                    NEUROLOGY
PROVIDER: ...There is 1 PROVIDER associated with this encounter.
Previous Entry:   BABSON,LAUREL
                    - - E N C O U N T E R   P R O V I D E R S - -
No. PROVIDER
1   BABSON,LAUREL*          PRIMARY




Enter PROVIDER: <RET>




PAT/APPT/CLINIC:  CAN,MICK  JUL 10, 1996@08:00                    NEUROLOGY
ICD CODE: ...There are 0 ICD CODES associated with this encounter.

            - - E N C O U N T E R   D I A G N O S I S   (ICD9 CODES) - -
No.  ICD    DESCRIPTION                                   PROBLEM LIST
                    No DIAGNOSIS for this Encounter.



Enter Diagnosis: 345

ONE primary diagnosis must be established for each encounter!
Is this the PRIMARY DIAGNOSIS for this ENCOUNTER? YES//    <RET>
```

Disposition an Application

Example

PAT/APPT/CLINIC: CAN,MICK JUL 10, 1996@08:00   **NEUROLOGY**
ICD CODE: ...There is 1 ICD CODE associated with this encounter.
Previous Entry: 345.00
```
              - - E N C O U N T E R   D I A G N O S I S   (ICD9 CODES) - -
No.  ICD    DESCRIPTION                                 PROBLEM LIST
1    345.00* GEN NONCV EP W/O INTR EP        PRIMARY
```

Enter **NEXT** Diagnosis: **<RET>**
Would you like to add this Diagnosis to the Problem List? NO//   **<RET>**

PAT/APPT/CLINIC: CAN,MICK JUL 10, 1996@08:00   **NEUROLOGY**
PROVIDER: ...There is 1 PROVIDER associated with this encounter......
    CPT: ...There are 0 PROCEDURES associated with this encounter.
```
             - - E N C O U N T E R   P R O C E D U R E S (CPT CODES) - -
No. CPT CODE  QUANTITY   DESCRIPTION                  PROVIDER
             No CPT CODES for this Encounter.
```

Enter PROCEDURE (CPT CODE): **10180**

How many times was this procedure performed: 1//   **<RET>**
Enter PROVIDER associated with PROCEDURE: BABSON,LAUREL//   **<RET>**

PAT/APPT/CLINIC: CAN,MICK JUL 10, 1996@08:00   **NEUROLOGY**
PROVIDER: ...Enter the provider associated with the CPTs......
    CPT: ...There is 1 PROCEDURE associated with this encounter.
```
             - - E N C O U N T E R   P R O C E D U R E S (CPT CODES) - -
No. CPT CODE  QUANTITY   DESCRIPTION                  PROVIDER
1   10180*    1          COMPLEX DRAINAGE, WOUND       BABSON,LAUREL
```

Enter **NEXT** PROCEDURE (CPT CODE): **<RET>**

Disposition an Application

Example

PAT/APPT/CLINIC: CAN,MICK JUL 10, 1996@08:00   **NEUROLOGY**
STOP CODE: ..There are 0 STOP CODES associated with this ENCOUNTER

                      - - E N C O U N T E R   S T O P   C O D E S - -
No. CODE   DESCRIPTION

                         No STOP CODE for this ENCOUNTER.

Enter a STOP CODE: **<RET>**

Do you wish to see the check out screen? NO//   **<RET>**   NO

Updating eligibility status for this registration...

SC% AT REGISTRATION: 40// **<RET>**

Disposition on AMIS Segment 407 – 40% SC VETERANS

***** Registration dispositioned *****

Disposition PATIENT:

Disposition Log Edit

Introduction

The Disposition Log Edit option is used to edit the disposition record of a patient registration.

The system displays each data field of the disposition record for editing. The values that were entered at the time of registration and disposition will appear as defaults. You may accept the default or enter new information. Based on the information entered/edited through this option, the system will recategorize the registration in the appropriate AMIS 401-420 segment.

An UNSCHEDULED (1010) VISIT OE/RR NOTIFICATION may be displayed with V. 2.5 of Order Entry/Results Reporting. The disposition must have a change in status from APPOINTMENT W/O EXAM to 10/10 or UNSCHEDULED in order for a notification to be displayed. The notification will only be displayed for patients who are defined in an OE/RR LIST entry and will only be displayed to users defined in that list entry. Please refer to the Order Entry/Results Reporting documentation for more information concerning OE/RR notifications, if needed.

You also have the option to display the Check Out screen. The Check Out screen is displayed showing classification, provider, diagnosis, and associated stop code information with a list of actions for selection. Many of these actions automatically access other PIMS or Record Tracking options. The appropriate option documentation is referenced in the process chart. Actions that appear in parentheses are not available through this option. <??> may be entered to display additional screen actions. For assistance in using this screen, you may enter <??> at the "Select Action" prompt or refer to the List Manager appendix provided at the end of this manual.

The chart beginning on the following page shows the prompts and steps involved in using this option.

Print Patient Wristband

Example

```
Select PATIENT NAME:  BRADFORD,BENJAMIN    02-23-30   423368090  NO   NSC
VETERAN
PRINT WRISTBAND ON DEVICE:   P-BARCODE BLAZER
DO YOU WANT YOUR OUTPUT QUEUED? NO//   Y   (YES)

Requested Start Time: NOW//   <RET>    (JAN 12, 1996@11:35:05)   (Task: 224705)
```

```
            BRADFORD,BENJAMIN       4B SURG
            423 36 8090       022330        04

            Allergy:_____
```

```
            *423368090*
```

Register a Patient

Introduction

The Register a Patient option is used to process a patient's application for care, enter/edit information in their file, and perform a variety of registration-related functions. Necessary registration data is gathered and a corresponding entry is automatically made in the Disposition Log. This entry must receive subsequent dispositioning through the Disposition an Application option or the registration should be deleted through the Delete a Registration option. A new patient's record may be established or an existing one edited. Should you wish to enter a new patient into the database or edit an existing patient's record without creating an entry in the Disposition Log, you should use the Load/Edit Patient Data option.

Entry/edit of a patient's record is done via a series of formatted data screens. There are a total of fourteen screens distributed with the PIMS package. The last three of these screens are informational only. The enter/edit process will not be the same for every patient, nor for every user due to several variables which exist in the system. Your site has the ability to create its own additional screen in order to capture certain information it may need or to capture information in a different format. It has the ability to turn certain data screens ON and OFF according to patient type. Within the screens, it may specify which data groups may be entered/edited. The DG ELIGIBILITY security key also plays a role in your ability to enter/edit data. Depending upon whether eligibility has been verified, certain information may only be edited by a user holding this security key.

The HIGH INTENSITY field in the MAS parameters has been provided to assist you in the identification of those fields which may/may not be edited. If this field has been set to YES at your facility, the number next to those data groups which may be edited will be in boldface type; those which are uneditable will not (excluding Screen 8). For those sites not using High Intensity, numbers of data groups which may be edited will be enclosed in [ ]s, while those which are uneditable will be enclosed in < >s (excluding Screen 8).

The Supplement at the end of this section provides an example of each data screen and a description of each associated field. Please refer to this Supplement when entering or editing patient information, if necessary.

If your site has the Consistency Checker turned ON, the system will perform a check for inconsistent/unspecified data elements at the conclusion of the entry/edit process. If any are found, you will be given the opportunity to make the necessary corrections.

Register a Patient

Introduction

You may now register a patient without the eligibility code or period of service being entered. These elements will be checked for at disposition.

As previously mentioned, this option also allows you to perform several registration-related functions.

- You may make a HINQ inquiry and emboss a patient data card. With the installation of the Veteran Identification Card (VIC) software, the prompt "Download VIC data?" has been added which allows you to download the selected patient's demographic data to the photo capture station. The existing "EMBOSS DATA CARD?" prompt has been changed to "EMBOSS (OLD) DATA CARD?".

- If Record Tracking is running at your facility, you will be able to create records for new patients and print corresponding barcode labels. If the patient already has records in the Record Tracking system, you will be able to issue a request for these records to the file room. The "Select Admitting Area" prompt must be answered in order to request records.

- The system will determine a patient's need for Means Testing and Copay Testing and, if necessary, allow you to complete the required test. For the Copay Test, the veteran has to request the test be completed. For instructions on Means Test, see the Add a New Means Test or Complete a Required Means Test options. For instructions on Copay Test, see the Add a New Copay Test option.

- At the conclusion of the registration process, you will be prompted to print the following forms, if applicable: 10/10, 1010I, Drug Profile, Routing Slip, and Health Summary.

The system assigns a status to every patient registration. Available statuses are: 10/10 VISIT, UNSCHEDULED, and APPLICATION WITHOUT EXAM. Determination of the status is based upon whether the patient is currently being followed in a clinic for the same condition and if the patient is to be examined in the medical center that day.

All necessary data from a registration is collected for entry into the AMIS 400 series reports. The REGISTRATION ELIGIBILITY CODE and SC% AT REGISTRATION fields have been included to allow sites flexibility in the grouping of their AMIS 400 series reports.

Register a Patient

Introduction

An UNSCHEDULED (1010) VISIT OE/RR NOTIFICATION may be displayed with v2.5 of Order Entry/Results Reporting. The patient must have been examined. The notification will only be displayed for patients who are defined in an OE/RR LIST entry and will only be displayed to users defined in that list entry. Please refer to the Order Entry/Results Reporting documentation for more information concerning OE/RR notifications, if needed.

Screen 8 of this option uses the List Manager utility. The List Manager is a tool designed to display a list of items. It allows you to select items from the list and perform specific actions against those items. The following is a brief explanation of some of the actions listed on this screen.

DD - In order to edit the dependent demographics, the selected dependent has to be active.

DP - Delete Dependent functionality requires that the user hold the DG DEPDELETE security key. This functionality should be mainly used to delete duplicate dependents. In order to delete a dependent, they must be removed from <u>every</u> Means Test.

CD - Used to copy the previous year's income and dependent information. Copy Data can only be used if there is previous year income on file and no income on file for this year.

ED - Expand Dependent will move to another screen. It is used to edit the effective date (date the person became a dependent of the veteran).

MT - Used to enter/edit last year's marital status for the veteran.

AD - This protocol is not selectable from the registration screens.

RE - This protocol is not selectable from the registration screens.

Register a Patient

Example

```
Select PATIENT NAME:  STRAIT,GARY
   ARE YOU ADDING 'STRAIT,GARY' AS A NEW PATIENT (THE 1427TH)? NO//    Y   (YES)
   PATIENT DATE OF BIRTH:  5 9 52   (MAY 09, 1952)
   PATIENT SOCIAL SECURITY NUMBER:  435234132
   PATIENT TYPE:  SC VETERAN
   PATIENT VETERAN (Y/N)?:  Y   YES

   ...searching for potential duplicates

   No potential duplicates have been identified.

   ...adding new patient

Please enter the following additional information:
             .........
PATIENT SERVICE CONNECTED?  YES
MARITAL STATUS:  NEVER MARRIED
RELIGIOUS PREFERENCE:  CATHOLIC   0




STRAIT,GARY                              435-23-4132          MAY 9,1952
==============================================================================
Address: STREET ADDRESS UNKNOWN         Temporary: NO TEMPORARY ADDRESS
         CITY/STATE UNKNOWN
 County: UNSPECIFIED                      From/To: NOT APPLICABLE
  Phone: UNSPECIFIED                        Phone: NOT APPLICABLE
 Office: UNSPECIFIED
    POS: UNSPECIFIED                      Claim #: UNSPECIFIED
  Relig: UNSPECIFIED                          Sex: UNSPECIFIED

Primary Eligibility: UNSPECIFIED
Other Eligibilities:


Enter RETURN to continue or '^' to exit:   <RET>


STRAIT,GARY                              435-23-4132          MAY 9,1952
==============================================================================

Status      : PATIENT HAS NO INPATIENT OR LODGER ACTIVITY IN THE COMPUTER

Future Appointments: NONE

Remarks:
    Money Verified: NOT VERIFIED        Service Verified: NOT VERIFIED
Do you wish to request a HINQ inquiry? NO//   Y   (YES)  in HINQ suspense file

Select Admitting Area:  <RET>
Do you want to enter Patient Data? YES//   <RET>   (YES)
```

Register a Patient

Example

```
                    PATIENT DEMOGRAPHIC DATA, SCREEN <1>
STRAIT,GARY; 435-23-4132                                          SC VETERAN
=============================================================================
[1]    Name: STRAIT,GARY                  SS: 435-23-4132  DOB: MAY 9,1952
[2]   Alias: NO ALIAS ON FILE FOR THIS APPLICANT
[3] Remarks: NO REMARKS ENTERED FOR THIS PATIENT
[4] Permanent Address:                 [5] Temporary Address:
        STREET ADDRESS UNKNOWN                   NO TEMPORARY ADDRESS
           CITY/STATE UNKNOWN
     County: UNANSWERED                      County: NOT APPLICABLE
      Phone: UNANSWERED                       Phone: NOT APPLICABLE
     Office: UNANSWERED                     From/To: NOT APPLICABLE


<RET> to CONTINUE, 1-5 or ALL to EDIT, ^N for screen N, or '^' to QUIT:    4

STREET ADDRESS [LINE 1]:  66 PARK LANE
STREET ADDRESS [LINE 2]:  <RET>
CITY: TROY
STATE: NEW YORK
ZIP+4: 12180
COUNTY: RENSSELAER   083
PHONE NUMBER [RESIDENCE]:  444-4444
PHONE NUMBER [WORK]:  444-0909




                    PATIENT DEMOGRAPHIC DATA, SCREEN <1>
STRAIT,GARY; 435-23-4132                                          SC VETERAN
=============================================================================
[1]    Name: STRAIT,GARY                  SS: 435-23-4132  DOB: MAY 9,1952
[2]   Alias: NO ALIAS ON FILE FOR THIS APPLICANT
[3] Remarks: NO REMARKS ENTERED FOR THIS PATIENT
[4] Permanent Address:                 [5] Temporary Address:
        66 PARK LANE                             NO TEMPORARY ADDRESS
        TROY,NY   12180
     County: RENSSELAER (083)                County: NOT APPLICABLE
      Phone: 444-4444                          Phone: NOT APPLICABLE
     Office: 444-0909                        From/To: NOT APPLICABLE


<RET> to CONTINUE, 1-5 or ALL to EDIT, ^N for screen N, or '^' to QUIT:    <RET>
```

Register a Patient

Example

```
                          PATIENT DATA, SCREEN <2>
STRAIT,GARY; 435-23-4132                                          SC VETERAN
===============================================================================
[1]     Sex: UNANSWERED                      POB: UNANSWERED
    Marital: NEVER MARRIED                 Father: UNANSWERED
   Religion: CATHOLIC                      Mother: UNANSWERED
        SCI: UNANSWERED            Mom's Maiden: UNANSWERED

[2] Previous Care Date       Location of Previous Care
    ------------------       ------------------------
    NONE INDICATED           NONE INDICATED

<RET> to CONTINUE, 1-2 or ALL to EDIT, ^N for screen N, or '^' to QUIT:    1
SEX: MALE// <RET>
MARITAL STATUS: NEVER MARRIED//  <RET>
RELIGIOUS PREFERENCE: CATHOLIC//  <RET>
PLACE OF BIRTH [CITY]:  TROY
PLACE OF BIRTH [STATE]:  NEW YORK
FATHER'S NAME:  BEAU
MOTHER'S NAME:  ALMA
MOTHER'S MAIDEN NAME:  CHASEN
SPINAL CORD INJURY: NOT APPLICABLE//  <RET>




                          PATIENT DATA, SCREEN <2>
STRAIT,GARY; 435-23-4132                                          SC VETERAN
===============================================================================
[1]     Sex: MALE                           POB: TROY, NY
    Marital: NEVER MARRIED                 Father: BEAU
   Religion: CATHOLIC                      Mother: ALMA
        SCI: NOT APPLICABLE        Mom's Maiden: CHASEN

[2] Previous Care Date       Location of Previous Care
    ------------------       ------------------------
    NONE INDICATED           NONE INDICATED

<RET> to CONTINUE, 1-2 or ALL to EDIT, ^N for screen N, or '^' to QUIT:    <RET>
```

Register a Patient

Example

```
                        EMERGENCY CONTACT DATA, SCREEN <3>
STRAIT,GARY; 435-23-4132                                        SC VETERAN
===============================================================================
[1]       NOK: UNANSWERED              [2] NOK-2: UNANSWERED
     Relation: UNANSWERED                  Relation: UNANSWERED
        Phone: UNANSWERED                     Phone: UNANSWERED
   Work Phone: UNANSWERED                Work Phone: UNANSWERED
[3]  E-Cont.: UNANSWERED              [4] E2-Cont.: UNANSWERED
     Relation: UNANSWERED                  Relation: UNANSWERED
        Phone: UNANSWERED                     Phone: UNANSWERED
   Work Phone: UNANSWERED                Work Phone: UNANSWERED
[5] Designee: UNANSWERED                  Relation: UNANSWERED
        Phone: UNANSWERED                Work Phone: UNANSWERED


<RET> to CONTINUE, 1-5 or ALL to EDIT, ^N for screen N, or '^' to QUIT:    1,3

K-NAME OF PRIMARY NOK:  STRAIT,BEAU
K-RELATIONSHIP TO PATIENT:  FATHER
K-ADDRESS SAME AS PATIENT'S?: NO//   <RET>
K-STREET ADDRESS [LINE 1]:  45 HIGHER BVD
K-STREET ADDRESS [LINE 2]:  <RET>
K-CITY:  TAMPA
K-STATE:  FLORIDA
K-ZIP+4:  99009
K-PHONE NUMBER:  415 444-6600
K-WORK PHONE NUMBER:   <RET>
E-EMER. CONTACT SAME AS NOK?: NO//   Y   YES




                        EMERGENCY CONTACT DATA, SCREEN <3>
STRAIT,GARY; 435-23-4132                                        SC VETERAN
===============================================================================
[1]       NOK: STRAIT,BEAU            [2] NOK-2: UNANSWERED
     Relation: FATHER                     Relation: UNANSWERED
               45 HIGHER BVD
               TAMPA,FL 99009
        Phone: 415 444-6600                  Phone: UNANSWERED
   Work Phone: UNANSWERED                Work Phone: UNANSWERED
[3]  E-Cont.: STRAIT,BEAU             [4] E2-Cont.: UNANSWERED
     Relation: FATHER                     Relation: UNANSWERED
               45 HIGHER BVD
               TAMPA,FL 99009
        Phone: 415 444-6600                  Phone: UNANSWERED
   Work Phone: UNANSWERED                Work Phone: UNANSWERED
[5] Designee: UNANSWERED                  Relation: UNANSWERED
        Phone: UNANSWERED                Work Phone: UNANSWERED


<RET> to CONTINUE, 1-5 or ALL to EDIT, ^N for screen N, or '^' to QUIT:    <RET>
```

Register a Patient

Example

```
                  APPLICANT/SPOUSE EMPLOYMENT DATA, SCREEN <4>
STRAIT,GARY; 435-23-4132                                          SC VETERAN
===============================================================================
[1] Employer: UNANSWERED                    <2> Spouse's: NOT APPLICABLE

  Occupation: UNANSWERED
      Status: UNANSWERED


<RET> to CONTINUE, 1 or ALL to EDIT, ^N for screen N, or '^' to QUIT:     1

OCCUPATION:  MUSICIAN
EMPLOYMENT STATUS:  SELF EMPLOYED
EMPLOYER NAME:  <RET>




                  APPLICANT/SPOUSE EMPLOYMENT DATA, SCREEN <4>
STRAIT,GARY; 435-23-4132                                          SC VETERAN
===============================================================================
[1] Employer: UNANSWERED                    <2> Spouse's: NOT APPLICABLE

  Occupation: MUSICIAN
      Status: SELF EMPLOYED


<RET> to CONTINUE, 1 or ALL to EDIT, ^N for screen N, or '^' to QUIT:     <RET>




                        INSURANCE DATA, SCREEN <5>
STRAIT,GARY; 435-23-4132                                          SC VETERAN
===============================================================================
[1] Covered by Health Insurance: NOT ANSWERED

    Insurance Co.    Policy #          Group #    Holder  Effective  Expires
    ======================================================================
    No Insurance Information

[2] Eligible for MEDICAID: UNSPECIFIED

<RET> to CONTINUE, 1-2 or ALL to EDIT, ^N for screen N, or '^' to QUIT:    1-2

COVERED BY HEALTH INSURANCE?:  Y   YES
Select Insurance Policy: AETNA
    1    AETNA       123 AVE OF THE MOONS     LOS ANGELES     CALIFORNIA     Y
    2    AETNA       235 PENN AVE             DISTRICT OF COLUMBIA      Y
    3    AETNA       567 RAIN DROP    NEW YORK      NEW YORK      Y
CHOOSE 1-3: 3
  INSURANCE TYPE: AETNA//  <RET>
  INSURANCE NUMBER:  688555
  GROUP NUMBER:  <RET>
  GROUP NAME:  <RET>
  EFFECTIVE DATE OF POLICY:  1 1 96   (JAN 01, 1996)
INSURANCE EXPIRATION DATE:  <RET>
```

Register a Patient

Example

```
WHOSE INSURANCE: **VETERAN**   STRAIT,GARY   05-09-52    435234132    SC VETERAN
Select Insurance Policy:  **<RET>**
ELIGIBLE FOR MEDICAID?:  **0**    NO




                        INSURANCE DATA, SCREEN <5>
STRAIT,GARY; 435-23-4132                                              SC VETERAN
================================================================================
[1] Covered by Health Insurance: YES

    Insurance Co.      Policy #        Group #    Holder  Effective  Expires
    ========================================================================
    *AETNA             688555                     SELF    01/01/96

[2] Eligible for MEDICAID: NO   [last updated JUN 4,1992]

<RET> to CONTINUE, 1-2 or ALL to EDIT, ^N for screen N, or '^' to QUIT:    **<RET>**




                      MILITARY SERVICE DATA, <SCREEN 6>
STRAIT,GARY; 435-23-4132                                              SC VETERAN
================================================================================
[1] Service Branch        Service #        Entered    Separated   Discharge
    --------------        ---------        -------    ---------   ---------
    UNANSWERED            UNANSWERED        UNKNOWN    UNKNOWN     UNKNOWN

[2]       POW:       From:             To:             War:
[3]    Combat:       From:             To:             Loc:
[4]   Vietnam:       From:             To:
[5]   A/O Exp.:       Reg:             Exam:           A/O#:
[6]   ION Rad.:       Reg:           Method:
[7]   Lebanon:       From:             To:
[8]   Grenada:       From:             To:
[9]    Panama:       From:             To:
[10]  Gulf War:       From:             To:
[11]   Somalia:       From:             To:
[12] Env Contam:       Reg:           Exam:
[13]    Mil Dis: UNANSWERED

[14] Dent Inj:                            Teeth Extracted:

<RET> to CONTINUE, 1-14 or ALL to EDIT, ^N for screen N, or '^' to QUIT:    **1,13**

SERVICE BRANCH [LAST]:  **ARMY**
SERVICE NUMBER [LAST]:  **SSN**  435234132
SERVICE ENTRY DATE [LAST]:  **3 24 70**   (MAR 24, 1970)
SERVICE SEPARATION DATE [LAST]:  **3 25 72**   (MAR 25, 1972)
SERVICE DISCHARGE TYPE [LAST]:   **HONORABLE**
SERVICE SECOND EPISODE?: NO//  **<RET>**
DISABILITY RET. FROM MILITARY?:   **NO**
```

Register a Patient

Example

```
                    MILITARY SERVICE DATA, <SCREEN 6>
STRAIT,GARY; 435-23-4132                                    SC VETERAN
===============================================================================
[1] Service Branch          Service #         Entered    Separated   Discharge
    --------------          ---------         -------    ---------   ---------
    ARMY                    435234132         03/24/70   03/25/72    HONORABLE

[2]         POW:      From:               To:                War:
[3]      Combat:      From:               To:                Loc:
[4]     Vietnam:      From:               To:
[5]     A/O Exp.:      Reg:               Exam:              A/O#:
[6]     ION Rad.:      Reg:             Method:
[7]     Lebanon:      From:               To:
[8]     Grenada:      From:               To:
[9]      Panama:      From:               To:
[10]   Gulf War:      From:               To:
[11]    Somalia:      From:               To:
[12] Env Contam:      Reg:               Exam:
[13]    Mil Dis: No, Applicant is NOT retired from military due to disability

[14] Dent Inj:                          Teeth Extracted:

<RET> to CONTINUE, 1-14 or ALL to EDIT, ^N for screen N, or '^' to QUIT:   <RET>




                    ELIGIBILITY STATUS DATA, <SCREEN 7>
STRAIT,GARY; 435-23-4132                                    SC VETERAN
===============================================================================
[1]       Patient Type: SC VETERAN                    Veteran: YES
          Svc Connected: UNANSWERED               SC Percent: N/A
          Rated Incomp.: UNANSWERED
          Claim Number: UNANSWERED
           Folder Loc.: UNANSWERED
[2]   Aid & Attendance: UNANSWERED              Housebound: UNANSWERED
           VA Pension: UNANSWERED           VA Disability: UNANSWERED
    Total Check Amount: NOT APPLICABLE
         GI Insurance: UNANSWERED                  Amount: UNANSWERED
[3]  Primary Elig Code: UNANSWERED
    Other Elig Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED
     Period of Service: UNANSWERED

[4] Service Connected Conditions as stated by applicant
    ----------------------------------------------------
    NONE STATED

<RET> to CONTINUE, 1-4 or ALL to EDIT, ^N for screen N, or '^' to QUIT:   1-4
```

Register a Patient

Example

```
TYPE: SC VETERAN//  <RET>
VETERAN (Y/N)?: YES//  <RET>
SERVICE CONNECTED?:  Y   YES
SERVICE CONNECTED PERCENTAGE:  30
P&T: NO
UNEMPLOYABLE:  NO
SC AWARD DATE:  <RET>
RATED INCOMPETENT?:  NO
CLAIM NUMBER:  SSN   435234132
CLAIM FOLDER LOCATION:  NYC-RO    NEW YORK  306
RECEIVING A&A BENEFITS?:  N    NO
RECEIVING HOUSEBOUND BENEFITS?:  N    NO
RECEIVING A VA PENSION?:  N    NO
RECEIVING VA DISABILITY?:  N    NO
GI INSURANCE POLICY?:  Y    YES
AMOUNT OF GI INSURANCE:  $1500   ($1500)
PRIMARY ELIGIBILITY CODE:  3   SC LESS THAN 50%     3       3    VETERAN
Select ELIGIBILITY: SC LESS THAN 50%//   <RET>
   ELIGIBILITY: SC LESS THAN 50%//   <RET>
Select ELIGIBILITY:  <RET>
PERIOD OF SERVICE:  7   VIETNAM ERA   (7)   (8/5/64-5/7/75)
Select SERVICE CONNECTED CONDITIONS:   DERMATITIS
   PERCENTAGE:  30
Select SERVICE CONNECTED CONDITIONS:   <RET>



                ELIGIBILITY STATUS DATA, <SCREEN 7>
STRAIT,GARY; 435-23-4132                                    SC VETERAN
===============================================================================
[1]       Patient Type: SC VETERAN                      Veteran: YES
         Svc Connected: YES                          SC Percent: 30%
                   P&T: NO                         Unemployable: NO
         SC Award Date: UNANSWERED
         Rated Incomp.: NO
          Claim Number: 435234132
           Folder Loc.: NYC-RO
[2]    Aid & Attendance: NO                            Housebound: NO
            VA Pension: NO                          VA Disability: NO
    Total Check Amount: NOT APPLICABLE
          GI Insurance: YES                              Amount: $1500
[3]  Primary Elig Code: SC LESS THAN 50%
     Other Elig Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED
      Period of Service: VIETNAM ERA

[4] Service Connected Conditions as stated by applicant
    ----------------------------------------------------
    DERMATITIS (30%),

<RET> to CONTINUE, 1-4 or ALL to EDIT, ^N for screen N, or '^' to QUIT:    <RET>
...HMMM, JUST A MOMENT PLEASE...
```

Register a Patient

Example

```
Dependents Module            Jan 26, 1995 15:07:05       Page:    1 of    1
                    FAMILY DEMOGRAPHIC DATA, SCREEN <8>
Patient: STRAIT,GARY (435-23-4132)                              Outpatient
   MT  Patient/Dependent      Relationship              Active
  1     STRAIT,GARY            SELF                         *
                Married Last Year:  Unanswered


          Enter ?? for more actions
DA Spouse/Dependent Add                  MT Marital/Dependent Info
ES Spouse Demographic                    AD Add to Means/Copay Test
DD Dependent Demographic                 RE Remove from Means/Copay Test
DP Delete Dependent                      CD Copy Data
                                         ED Expand Dependent
Select Action: Quit//  MT   Marital/Dependent Info
MARRIED LAST CALENDAR YEAR: NO//   <RET>




Dependents Module            Jan 26, 1995 15:07:05       Page:    1 of    1
                    FAMILY DEMOGRAPHIC DATA, SCREEN <8>
Patient: STRAIT,GARY (435-23-4132)                              Outpatient
   MT  Patient/Dependent      Relationship              Active
  1     STRAIT,GARY            SELF                         *
                Married Last Year:  No


          Enter ?? for more actions
DA Spouse/Dependent Add                  MT Marital/Dependent Info
ES Spouse Demographic                    AD Add to Means/Copay Test
DD Dependent Demographic                 RE Remove from Means/Copay Test
DP Delete Dependent                      CD Copy Data
                                         ED Expand Dependent
Select Action: Quit//  <RET>
```

Register a Patient

Example

```
                    INCOME SCREENING DATA, <SCREEN 9>
STRAIT,GARY; 435-23-4132                                        SC VETERAN
==============================================================================
                         Income data for 1996.


                                    Veteran                         Total
                        -------------------------------------------------
[1]   Social Security (Not SSI)        -                               -
[2]   U.S. Civil Service               -                               -
[3]   U.S. Railroad Retirement         -                               -
[4]   Military Retirement              -                               -
[5]   Unemployment Compensation        -                               -
[6]   Other Retirement                 -                               -
[7]   Total Employment Income          -                               -
[8]   Interest,Dividend,Annuity        -                               -
[9]   Workers Comp or Black Lung       -                               -
[10]  All Other Income                 -                               -
                                              Total 1-10 -->        $0.00

1996 Estimated "Household" Taxable Income: $

<RET> to CONTINUE, 1-10 or ALL to EDIT, ^N for screen N, or '^' to QUIT
(To edit only veteran income, precede selection with 'V' [ex. 'V1-3']):   V7-10

NAME: STRAIT,GARY
TOTAL INCOME FROM EMPLOYMENT:  85000
INTEREST, DIVIDEND, OR ANNUITY:  2000
WORKERS COMP. OR BLACK LUNG:  0
ALL OTHER INCOME:  13000




                    INCOME SCREENING DATA, <SCREEN 9>
STRAIT,GARY; 435-23-4132                                        SC VETERAN
==============================================================================
                         Income data for 1996.


                                    Veteran                         Total
                        -------------------------------------------------
[1]   Social Security (Not SSI)        -                               -
[2]   U.S. Civil Service               -                               -
[3]   U.S. Railroad Retirement         -                               -
[4]   Military Retirement              -                               -
[5]   Unemployment Compensation        -                               -
[6]   Other Retirement                 -                               -
[7]   Total Employment Income    $85000.00                      $85000.00
[8]   Interest,Dividend,Annuity   $2000.00                       $2000.00
[9]   Workers Comp or Black Lung     $0.00                          $0.00
[10]  All Other Income           $13000.00                      $13000.00
                                           Total 1-10 -->     $100000.00

1996 Estimated "Household" Taxable Income: $
```

Register a Patient

Example

```
<RET> to CONTINUE, 1-10 or ALL to EDIT, ^N for screen N, or '^' to QUIT
(To edit only veteran income, precede selection with 'V' [ex. 'V1-3']):    <RET>




                    INELIGIBLE/MISSING DATA, <SCREEN 10>
STRAIT,GARY; 435-23-4132                                       SC VETERAN
================================================================================
[1]  Ineligible Date: NOT APPLICABLE          TWX Source: NOT APPLICABLE
           TWX City: NOT APPLICABLE           TWX State: NOT APPLICABLE
             Reason: NOT APPLICABLE
      VARO Decision: NOT APPLICABLE
[2]    Missing Date: NOT APPLICABLE           TWX Source: NOT APPLICABLE
           TWX City: NOT APPLICABLE           TWX State: NOT APPLICABLE
             Reason: NOT APPLICABLE

<RET> to CONTINUE, 1-2 or ALL to EDIT, ^N for screen N, or '^' to QUIT:    <RET>




                    ELIGIBILITY VERIFICATION DATA, <SCREEN 11>
STRAIT,GARY; 435-23-4132                                       SC VETERAN
================================================================================
[1] Eligibility Status: NOT VERIFIED          Status Date: NOT APPLICABLE
      Status Entered By: NOT APPLICABLE
       Interim Response: UNSPECIFIED (NOT REQUIRED)
          Verif. Method: NOT APPLICABLE
[2]      Money Verified: NOT VERIFIED
[3]    Service Verified: NOT VERIFIED
[4] Rated Disabilities: NONE STATED

<RET> to CONTINUE, 1-4 or ALL to EDIT, ^N for screen N, or '^' to QUIT:    <RET>




                    ADMISSION INFORMATION, <SCREEN 12>
STRAIT,GARY; 435-23-4132                                       SC VETERAN
================================================================================

NO ADMISSION DATA ON FILE FOR THIS PATIENT!!

<RET> to CONTINUE, ^N for screen N, or '^' to QUIT:    <RET>




                    APPLICATION INFORMATION, <SCREEN 13>
STRAIT,GARY; 435-23-4132                                       SC VETERAN
================================================================================

NO APPLICATION DATA ON FILE FOR THIS PATIENT!

<RET> to CONTINUE, ^N for screen N, or '^' to QUIT:    <RET>
```

Register a Patient

Example

```
                    APPOINTMENT INFORMATION, <SCREEN 14>

STRAIT,GARY; 435-23-4132                                            SC VETERAN
==============================================================================
<1> Enrollment Clinics: NOT ACTIVELY ENROLLED IN ANY CLINICS AT THIS TIME

<2>     Pending Appt's: NO PENDING APPOINTMENTS ON FILE

<RET> to QUIT, ^N for screen N, or '^' to QUIT:    <RET>


Checking data for consistency...

===> No inconsistencies found in 1 second...

Is the patient currently being followed in a clinic for the same
condition? N   (NO)

Is the patient to be examined in the medical center today? YES//    Y   (YES)


Registration login date/time: NOW//   <RET>   (JAN 26, 1997@09:10)
TYPE OF BENEFIT APPLIED FOR:  3   OUTPATIENT MEDICAL
TYPE OF CARE APPLIED FOR:  5   ALL OTHER
REGISTRATION ELIGIBILITY CODE: SC LESS THAN 50%//   <RET>   3    3   VETERAN

Updating eligibility status for this registration...

SC% AT REGISTRATION: 30//  <RET>

  NEED RELATED TO AN ACCIDENT:  N   NO
  NEED RELATED TO OCCUPATION:  N   NO

  Net Annual Income Thresholds on JAN 26,1997:
     Num. Dependents:  0 (Self)       1        2        3        4
     Net Income:           12855    15345    16713    18081    19449
Medication Copayment Exemption Status: NON-EXEMPT
Patient's income is greater than Copay Income Threshold
Test date: JAN 26,1997

Do you wish to add a Copay test at this time? NO//    <RET>   (NO)

PRINT 10/10? YES//  <RET>   (YES)
PRINT 1010I? YES//  <RET>   (YES)
PRINT DRUG PROFILE? YES//  <RET>   (YES)
Select type of Drug Profile:   INFORMATIONAL // <RET>
ROUTING SLIP? YES//  <RET>   (YES)

Download VIC data? No//  <RET>   (No)
EMBOSS (OLD) DATA CARD? No//   <RET>   (No)
PRINT ENCOUNTER FORMS? Yes//  N   (No)
```

View Registration Data

Introduction

The View Registration Data option allows you to view the registration information contained in a patient's record. You will not be able to edit a patient's data using this option.

As with the entry/edit of this information, viewing is accomplished in a series of screens. There are fourteen screens distributed with the MAS package. Your site has the ability to create its own screen in order to collect certain needed data or capture data in a different format. You may turn certain data screens ON and OFF according to patient type. Within the screens, you may specify which data groups should be editable.

You may move from screen to screen either by entering <^#> to specify the screen number you wish to move to, <RET> to move to the next screen, <?> to access its HELP screen, or <^> to quit.

Example

```
Select PATIENT NAME:  STRAIT,GARY      05-09-52     435234132     NSC VETERAN


                     PATIENT DEMOGRAPHIC DATA, <SCREEN 1>
STRAIT,GARY; 435-23-4132                                            NSC VETERAN
================================================================================
<1>    Name: STRAIT,GARY                     SS: 435-23-4132  DOB: MAY 9,1952
<2>   Alias: NO ALIAS ON FILE FOR THIS APPLICANT
<3> Remarks: NO REMARKS ENTERED FOR THIS PATIENT
<4> Permanent Address:                  <5> Temporary Address:
          66 PARK LANE                          NO TEMPORARY ADDRESS
          TROY,NY 12180
    County: RENSSELAER (083)                 County: NOT APPLICABLE
     Phone: 444-4444                          Phone: NOT APPLICABLE
    Office: 444-0909                         From/To: NOT APPLICABLE


<RET> to CONTINUE, ^N for screen N, or '^' to QUIT:   <RET>
```

View Registration Data

Example

```
                      PATIENT DATA, <SCREEN 2>
STRAIT,GARY; 435-23-4132                                       NSC VETERAN
==============================================================================
<1>     Sex: MALE                       POB: TROY, NY
   Marital: NEVER MARRIED            Father: BEAU
  Religion: CATHOLIC                 Mother: ALMA
       SCI: NOT APPLICABLE      Mom's Maiden: CHASEN

<2> Previous Care Date     Location of Previous Care
    -----------------      ------------------------
    NONE INDICATED         NONE INDICATED


<RET> to CONTINUE, ^N for screen N, or '^' to QUIT:    <RET>
```

```
                   EMERGENCY CONTACT DATA, <SCREEN 3>
STRAIT,GARY; 435-23-4132                                       NSC VETERAN
==============================================================================
<1>      NOK: STRAIT,BEAU             <2> NOK-2: UNANSWERED
    Relation: FATHER                     Relation: UNANSWERED
             45 HIGHER BVD
             TAMPA,FL 99009
       Phone: 415 444-6600                 Phone: UNANSWERED
  Work Phone: UNSPECIFIED             Work Phone: UNANSWERED
<3>  E-Cont.: STRAIT,BEAU             <4> E2-Cont.: UNANSWERED
    Relation: FATHER                     Relation: UNANSWERED
             45 HIGHER BVD
             TAMPA,FL 99009
       Phone: 415 444-6600                 Phone: UNANSWERED
  Work Phone: UNANSWERED              Work Phone: UNANSWERED
<5> Designee: UNANSWERED                 Relation: UNANSWERED
       Phone: UNANSWERED              Work Phone: UNANSWERED


<RET> to CONTINUE, ^N for screen N, or '^' to QUIT:    ^5
```

View Registration Data

Example

```
                      INSURANCE DATA, <SCREEN 5>
STRAIT,GARY; 435-23-4132                                    NSC VETERAN
=============================================================================
<1> Covered by Health Insurance: YES

    Insurance Co    Policy #    Group #      Holder      Effective  Expires
=============================================================================
   *AETNA          688555                    SELF        01/01/96

  [* - Asterisk indicates no agent data on file for this policy]

<2> Eligible for MEDICAID: NO   [last updated JUN 4,1996]


<RET> to CONTINUE, ^N for screen N, or '^' to QUIT:   <RET>




                    MILITARY SERVICE DATA, <SCREEN 6>
STRAIT,GARY; 435-23-4132                                    NSC VETERAN
=============================================================================
<1> Service Branch        Service #        Entered     Separated  Discharge
    --------------        ---------        -------     ---------  ---------
    ARMY                  435234132        03/24/70    03/25/72   HONORABLE

<2>        POW:      From:            To:              War:
<3>     Combat:      From:            To:              Where:
<4>    Vietnam:      From:            To:
<5>    A/O Exp.:      Reg:            Exam:            A/O#:
<6>    ION Rad.:      Reg:          Method:
<7>    Lebanon:      From:            To:
<8>    Grenada:      From:            To:
<9>     Panama:      From:            To:
<10>  Gulf War:      From:            To:
<11>   Somalia:      From:            To:
<12> Env Contam:      Reg:            Exam:
<13>  Mil Dis: NO, Applicant is NOT retired from military due to disability.

<14> Dent Inj:                        Teeth Extracted:


<RET> to CONTINUE, ^N for screen N, or '^' to QUIT:   <RET>
```

View Registration Data

Example

```
                    ELIGIBILITY STATUS DATA, <SCREEN 7>
STRAIT,GARY; 435-23-4132                                     NSC VETERAN
==============================================================================
<1>       Patient Type: NSC VETERAN                        Veteran: YES
          Svc Connected: NO                             SC Percent: N/A
          Rated Incomp.:
           Claim Number: 435234132
            Folder Loc.: NYC-RO
<2>    Aid & Attendance: NO                             Housebound: NO
            VA Pension: NO                           VA Disability: NO
     Total Check Amount: NOT APPLICABLE
           GI Insurance: YES                               Amount: $1500
<3>  Primary Elig Code: NSC
     Other Elig Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED
      Period of Service: VIETNAM ERA

<4> Service Connected Conditions as stated by applicant
    ---------------------------------------------------
    NONE STATED


<RET> to CONTINUE, ^N for screen N, or '^' to QUIT:    ^9




                    INCOME SCREENING DATA, <SCREEN 9>
STRAIT,GARY; 435-23-4132                                     NSC VETERAN
==============================================================================
                         Income data for 1996.

                         Veteran                             Total
                 -------------------------------------------------
<1>  Social Security (Not SSI)    $0.00                      $0.00
<2>  U.S. Civil Service           $0.00                      $0.00
<3>  U.S. Railroad Retirement     $0.00                      $0.00
<4>  Military Retirement          $0.00                      $0.00
<5>  Unemployment Compensation    $0.00                      $0.00
<6>  Other Retirement             $0.00                      $0.00
<7>  Total Employment Income  $85000.00                  $85000.00
<8>  Interest,Dividend,Annuity $2000.00                   $2000.00
<9>  Workers Comp or Black Lung   $0.00                      $0.00
<10> All Other Income         $13000.00                  $13000.00
                                         Total 1-10 -->  $100000.00

1996 Estimated "Household" Taxable Income: $66000.00

<RET> to CONTINUE, ^N for screen N, or '^' to QUIT:    ^

Select PATIENT NAME:
```

Registration Supplement - Screen Formats

The collection of patient registration data is done via a series of formatted data screens. There are fourteen of these screens distributed with the Medical Administration Service (MAS) package. The first eleven are dedicated to gathering the patient's registration information. This information makes up the patient's "file" in your computer. The last three screens are for information purposes only and the data contained on them is not editable. They provide past admission and application information as well as the patient's clinic enrollments and a listing of future appointments. Each screen also has an associated HELP screen which may be accessed by entering a <?> at the prompt which appears on each screen. Following is a list of the fourteen screens.

Screen #1	PATIENT DEMOGRAPHIC DATA
Screen #2	PATIENT DATA
Screen #3	EMERGENCY CONTACT DATA
Screen #4	APPLICANT/SPOUSE EMPLOYMENT DATA
Screen #5	INSURANCE DATA
Screen #6	MILITARY SERVICE DATA
Screen #7	ELIGIBILITY STATUS DATA
Screen #8	FAMILY DEMOGRAPHIC DATA
Screen #9	INCOME SCREENING DATA
Screen #10	INELIGIBLE/MISSING DATA
Screen #11	ELIGIBILITY VERIFICATION DATA
Screen #12	ADMISSION INFORMATION
Screen #13	APPLICATION INFORMATION
Screen #14	APPOINTMENT INFORMATION

The registration or load/editing process will vary from patient to patient and user to user. This is due to several factors: the patient type, your site parameters, whether certain data has been verified, and whether you hold the DG ELIGIBILITY security key.

For each new patient entered into the system, you will be prompted to enter a patient type. Patient types are distributed with the package. Patient type will determine (in part) which screens are presented during the registration process, as well as which data items on the screens will be available for entry/edit. Screens 1, 2, 4, 5, 7, 12, 13, and 14 will always be presented. The presentation of Screens 3, 6, 8, 9, 10, and 11 will vary as your site has the ability to turn these screens OFF and ON according to patient type. This has been done to allow each site flexibility in the collection of their patient data. For example, a site may not wish to collect military service data for a collateral patient. The Military Service Data Screen would then be turned OFF for that patient type.

Your site is also able to set up an additional registration screen should it wish to capture certain data in a different format. The fields displayed on this screen must already exist in the system (PATIENT file (#2)) so the data prompts associated with such a screen would be familiar to you. This screen, if set up, will always appear at the end of the registration process.

Certain data such as an applicant's name, SSN, date of birth, eligibility, monetary benefits, and service record are subject to verification. The verification must be performed by a holder of the DG ELIGIBILITY security key. Up until the time of verification, any user will be able to enter/edit data pertaining to these categories. After verification, the data may be viewed by all users; however, only those who hold the DG ELIGIBILITY security key will be able to edit this data.

Registration Supplement - Screen Formats

Each screen (excluding Screen 8) is set up in numbered data groups. If the number of the data group is displayed in brackets [ ], you will be able to enter/edit its data. If it is displayed in arrows < >, you will not be able to enter/edit. A High Intensity feature has also been supplied. If this feature is turned ON (through the MAS Parameter Entry/Edit option of the ADT System Definition menu), those data groups which you may edit will be highlighted on your screen while those which are uneditable will not be highlighted. The system determines which information is editable by user and patient type.

Screen 8 uses the List Manager utility. The List Manager is a tool designed to display a list of items. It allows you to select items from the list and perform specific actions against those items.

For the purposes of this Supplement, all non-informational screens and data groups are shown as being "available"; that is, their corresponding numbers are surrounded by brackets [ ]. Keep in mind that this may not be the case when you are actually working on the system.

No defaults are shown in this Supplement. If you are editing the record of an existing patient, previously entered information will appear as a default. You may enter a <RET> to accept the default value.

Beginning below are examples of each Registration Data Screen along with definitions of each of the data groups and associated fields. Information which is subject to verification is so indicated. Fields which are indented are prompted based upon the entry made at the primary prompt (the prompt under which that field is indented). Much of the time, data entered into these fields will be deleted upon changing or deleting the entry at the primary prompt. This is explained for each appropriate data grouping or field.

```
                    PATIENT DEMOGRAPHIC DATA   SCREEN <1>
PATIENT NAME;SSN                                              TYPE
================================================================
INELIGIBLE/MISSING MESSAGE MAY BE DISPLAYED HERE


[1]    Name:                          SS:            DOB:
[2]   Alias:
[3] Remarks:
[4] Permanent Address:               [5] Temporary Address:



    County:                              County:
     Phone:                               Phone:
     Office:                             From/To:


<RET> to CONTINUE, 1-5 or ALL to EDIT, ^N for screen N, or '^' to QUIT:
```

Registration Supplement - Screen Formats

SCREEN 1, cont.

DATA GROUP 1

Once a patient's eligibility has been verified, the information contained in this data group may not be edited by anyone not holding the DG ELIGIBILITY security key. Up until the time of eligibility verification, any user may enter/edit these fields. After verification, it will be available for viewing to all users; however, only holders of the DG ELIGIBILITY security key will be able to enter/edit the information.

NAME - Enter the applicant's name; last, first, middle initial (3-30 characters).

SOCIAL SECURITY NUMBER - Enter the applicant's social security number as 9 digits. If the SSN is unknown and it is necessary to assign a pseudo SSN, enter a P. The system will compute and insert the appropriate SSN. You may enter a <?> for an explanation of how the pseudo SSN is computed.

DATE OF BIRTH - Enter the applicant's date of birth.

DATA GROUP 2

ALIAS - Alternate name (if any) the applicant uses (2-30 characters). An entry in this field will be automatically cross-referenced and the applicant may be called up using this alias. This is a multiple field; you will be returned to this prompt repeatedly until no more entries are made. For each entry, the following will be prompted.

   ALIAS SSN - Alternate social security number applicant uses, if any.

DATA GROUP 3

REMARKS - You may enter a free text comment (3-60 characters) regarding the patient. If a patient has been declared ineligible, a remark to indicate this will automatically be inserted into this field.

DATA GROUP 4

STREET ADDRESS [LINE 1] - Enter applicant's street address (3-35 characters). Up to 3 lines may be entered for the street address.

   STREET ADDRESS [LINE 2]
   STREET ADDRESS [LINE 3]

CITY - Enter applicant's city of residence (2-15 characters).

STATE - Enter applicant's state of residence or state code (must be in STATE file). Enter a <?> for display of STATE file.

ZIP+4 - Enter applicant's residence zip code (5 or 9 digits).

Registration Supplement - Screen Formats

SCREEN 1, cont.

DATA GROUP 4, cont.

COUNTY - Enter applicant's county of residence, county zip code, or VA county code. Enter a <?> for a list of VA county codes.

PHONE NUMBER [RESIDENCE] - Enter applicant's residence telephone number.

PHONE NUMBER [WORK] - Enter applicant's business telephone number (4-20 characters).

DATA GROUP 5

This data group allows you to enter a temporary address for the applicant. If a temporary address is already on file and NO is answered at the first prompt, the START DATE and END DATE will automatically be deleted. The address will remain on file but may only be viewed/edited when YES is answered at the first prompt. To delete all temporary address data, answer NO at the first prompt and YES at the following prompt: "Do you want to delete all temporary address data?". To retain all data on file, enter an up-arrow <^> at the primary prompt.

TEMPORARY ADDRESS ACTIVE? - YES/NO - If YES, the following fields will also be prompted.

TEMPORARY ADDRESS START DATE - Beginning date at temporary address.

TEMPORARY ADDRESS END DATE - Ending date applicant will be at temporary address.

```
TEMPORARY STREET [LINE 1]         |
TEMPORARY STREET [LINE 2]         |
TEMPORARY STREET [LINE 3]         |  Enter applicant's temporary address/phone
TEMPORARY CITY                    |
TEMPORARY STATE                   |
TEMPORARY ZIP+4                   |
TEMPORARY ADDRESS COUNTY          |
TEMPORARY PHONE NUMBER            |
```

```
                    PATIENT DATA  SCREEN <2>
PATIENT NAME;SSN                                             TYPE
===============================================================
[1]    Sex:                             POB:
    Marital:                         Father:
   Religion:                         Mother:
       SCI:                     Mom's Maiden:


[2] Previous Care Date      Location of Previous Care
    ------------------      -------------------------


<RET> to CONTINUE, 1-2 or ALL to EDIT, ^N for screen N, or '^' to QUIT:
```

Registration Supplement - Screen Formats

SCREEN 2, cont.

DATA GROUP 1

SEX - M for MALE (default), F for FEMALE

MARITAL STATUS - Enter the appropriate marital status for the applicant.
Choose from: DIVORCED
              MARRIED
              NEVER MARRIED
              SEPARATED
              UNKNOWN
              WIDOW/WIDOWER

RELIGIOUS PREFERENCE - Enter applicant's religion or code. You may enter a <?> to select from available list.

PLACE OF BIRTH [CITY] - Enter city (or foreign country if born outside U.S.) where applicant was born (2-20 characters).

PLACE OF BIRTH [STATE] - Enter state or state code where applicant was born. You may enter a <?> to select from available list.

FATHER'S NAME - Enter name of applicant's father (3-35 characters).

MOTHER'S NAME - Enter name of applicant's mother (3-35 characters).

MOTHER'S MAIDEN NAME - Enter maiden name (last name prior to marriage) of applicant's mother (3-35 characters).

SPINAL CORD INJURY - Is the applicant a spinal cord injury patient? Enter the appropriate value.

1 PARAPLEGIA - TRAUMATIC
2 QUADRIPLEGIA - TRAUMATIC
3 PARAPLEGIA - NONTRAUMATIC
4 QUADRIPLEGIA - NONTRAUMATIC
X NOT APPLICABLE (Default)

DATA GROUP 2

This group is used to enter the past two dates and locations of the applicant's last VA care (aside from the facility to which he/she is applying). When YES is answered at the initial prompt (REC'D VA CARE PREVIOUSLY), the locations/dates are prompted. Deletion of data in these two fields is automatic if NO is subsequently entered at the initial prompt.

REC'D VA CARE PREVIOUSLY - YES/NO - Has applicant received care previously in a VA facility? If YES, the following will be prompted.

Registration Supplement - Screen Formats

SCREEN 2, cont.

DATA GROUP 2, cont.

MOST RECENT LOCATION OF CARE - Name or number of VA facility at which patient received most recent episode of care (other than facility to which he/she is applying). Enter a <?> for a list of selectable names/numbers.

MOST RECENT DATE OF CARE - Date of most recent episode of care in other VA facility.

2ND MOST RECENT LOCATION - Name or number of VA facility at which patient received 2nd most recent episode of care (other than facility to which he/she is applying). If an entry is made, the following will also be prompted.

2ND MOST RECENT DATE OF CARE - Date of 2nd most recent episode of care in other VA facility.

```
                    EMERGENCY CONTACT DATA   SCREEN <3>
PATIENT NAME;SSN                                              TYPE
================================================================
[1]     NOK:                         [2] NOK-2:
    Relation:                            Relation:
        Phone:                               Phone:
   Work Phone:                          Work Phone:
[3]  E-Cont.:                         [4] E2-Cont.:
    Relation:                            Relation:
        Phone:                               Phone:
   Work Phone:                          Work Phone:
[5] Designee:                            Relation:
        Phone:                          Work Phone:

<RET> to CONTINUE, 1-5 or ALL to EDIT, ^N for screen N, or '^' to QUIT:
```

DATA GROUP 1

K-NAME OF PRIMARY NOK - Name of applicant's next-of-kin (3-35 characters). If an entry is made in this field, the following fields will also be prompted. When the entry in this field is deleted, all entries in the following fields are also deleted. Deletion of data in the following fields may not be accomplished unless the entry in this field is first deleted.

K-RELATIONSHIP TO PATIENT - Relationship of patient's next of kin (1-30 characters)

K-ADDRESS SAME AS PATIENT'S - YES/NO - If YES, the applicant's information will automatically be inserted in the next-of-kin address fields and automatically updated upon update of the applicant's address. If NO, the following fields will be prompted.

Registration Supplement - Screen Formats

SCREEN 3, cont.

DATA GROUP 1, cont.

```
        K-STREET ADDRESS [LINE 1]      |
        K-STREET ADDRESS [LINE 2]      |
        K-STREET ADDRESS [LINE 3]      |   Address/telephone number of
        K-CITY                         |   applicant's primary next-of-kin
        K-STATE                        |
        K-ZIP+4                        |
        K-PHONE NUMBER                 |
        K-WORK PHONE                   |
```

DATA GROUP 2

No entry may be made into this data group unless a primary next-of-kin has been entered (Data Group 1).

K2-NAME OF SECONDARY NOK - Name of applicant's secondary next-of-kin (3-35 characters). If an entry is made in this field, the following fields will also be prompted and data contained in them will automatically be deleted upon deletion of the entry in this field.

   K2-RELATIONSHIP TO PATIENT - Relationship of applicant's secondary next-of-kin (1-30 characters).

   K2-ADDRESS SAME AS PATIENT'S - YES/NO - If YES, the applicant's address information will automatically be inserted in the following fields and updated accordingly as the applicant's address is updated. If NO, the following fields will be prompted.

```
        K2-STREET ADDRESS [LINE 1]     |
        K2-STREET ADDRESS [LINE 2]     |
        K3-STREET ADDRESS [LINE 3]     |
        K2-CITY                        |   Address/phone of applicant's secondary
        K2-STATE                       |   next-of-kin
        K2-ZIP+4                       |
        K2-PHONE NUMBER                |
        K-WORK PHONE                   |
```

DATA GROUP 3

E-EMER. CONTACT SAME AS NOK - YES/NO - Is the person to contact in the event of emergency the same as the patient's next-of-kin? If YES, the information on file for the applicant's primary next-of-kin will automatically be inserted in the following fields and updated accordingly as the next-of-kin information is updated. If NO, the following fields will also be prompted.

Registration Supplement - Screen Formats

SCREEN 3, cont.

DATA GROUP 3, cont.

```
EMERGENCY CONTACT
    E-RELATIONSHIP TO PATIENT        |
    E-STREET ADDRESS [LINE 1]        |
    E-STREET ADDRESS [LINE 2]        |   Name/relationship/address/phone number of
    E-STREET ADDRESS [LINE 3]        |   primary individual to contact in event of
    E-CITY                           |   emergency
    E-STATE                          |
    E-ZIP+4                          |
    E-PHONE NUMBER                   |
    E-WORK PHONE                     |
```

DATA GROUP 4

No entry may be made in this data group unless a primary emergency contact has been specified in Data Group 1.

E2-NAME OF SECONDARY CONTACT - Name of secondary individual to contact in the event of an emergency. If an entry is made in this field, the following fields will also be prompted.

```
    E2-RELATIONSHIP TO PATIENT       |
    E2-STREET ADDRESS [LINE 1]       |
    E2-STREET ADDRESS [LINE 2]       |
    E2-STREET ADDRESS [LINE 3]       |   Name/relationship/address/telephone number of
    E2-CITY                          |   secondary individual to contact in the event of an
    E2-STATE                         |   emergency
    E2-ZIP+4                         |
    E2-PHONE NUMBER                  |
    E2-WORK PHONE                    |
```

DATA GROUP 5

D-DESIGNEE SAME AS NOK - YES/NO - Is the individual designated to receive patient's funds and effects the same as the next-of-kin? If YES, the next-of-kin information will be automatically inserted in the following fields and updated accordingly as the next-of-kin information is updated. If NO, the following fields will be prompted.

```
D-NAME OF DESIGNEE
    D-RELATIONSHIP TO PATIENT        |
    D-STREET ADDRESS [LINE 1]        |
    D-STREET ADDRESS [LINE 2]        |   Name/relationship/address/telephone number of
    D-STREET ADDRESS [LINE 3]        |   individual designated to receive patient's funds
    D-CITY                           |   and effects
    D-STATE                          |
    D-ZIP+4                          |
    D-PHONE NUMBER                   |
    D-WORK PHONE                     |
```

Registration Supplement - Screen Formats

```
                    APPLICANT/SPOUSE EMPLOYMENT DATA   SCREEN <4>
PATIENT NAME;SSN                                                   TYPE
================================================================
[1] Employer:                      [2] Spouse's:

  Occupation:
      Status:

<RET> to CONTINUE, 1-2 or ALL to EDIT, ^N for screen N, or '^' to QUIT:
```

DATA GROUP 1

OCCUPATION - Enter the applicant's occupation (1-30 characters)

EMPLOYMENT STATUS - If an entry other than NOT EMPLOYED, UNKNOWN, or no entry at all is made, the following fields will also be prompted. The data contained in these fields will automatically be deleted if the entry in this field is changed to UNEMPLOYED or no entry.
Choose from: 1   EMPLOYED FULL TIME
                2   EMPLOYED PART TIME
                3   NOT EMPLOYED
                4   SELF EMPLOYED
                5   RETIRED
                6   ACTIVE MILITARY DUTY
                9   UNKNOWN

   EMPLOYER NAME - Name of applicant's employer (1-30 characters). If an entry is made in this field, the following fields will also be prompted. The data contained in these fields will automatically be deleted upon deletion of the entry in this field. If no entry is made in this field, you will return to the screen.

        EMPLOYER STREET [LINE 1] |
        EMPLOYER STREET [LINE 2] |
        EMPLOYER STREET [LINE 3] |
        EMPLOYER CITY | Name/address/phone of employer
        EMPLOYER STATE |
        EMPLOYER ZIP+4 |
        EMPLOYER PHONE NUMBER |

DATA GROUP 2

This data group will not be editable if the applicant does not have a marital status of MARRIED.

SPOUSE'S OCCUPATION - Enter the spouse's occupation (1-30 characters).

Registration Supplement - Screen Formats

SCREEN 4, cont.

DATA GROUP 2, cont.

SPOUSE'S EMPLOYMENT STATUS - If an entry other than NOT EMPLOYED, UNKNOWN, or no entry at all is made, the following fields will also be prompted. The data contained in these fields will automatically be deleted if the entry in this field is changed to UNEMPLOYED or no entry.
Choose from:　1　EMPLOYED FULL TIME
　　　　　　　　2　EMPLOYED PART TIME
　　　　　　　　3　NOT EMPLOYED
　　　　　　　　4　SELF EMPLOYED
　　　　　　　　5　RETIRED
　　　　　　　　6　ACTIVE MILITARY DUTY
　　　　　　　　9　UNKNOWN

　　　SPOUSE'S EMPLOYER NAME - Name of spouse's employer (3-20 characters). If an entry is made in this field, the following fields will also be prompted. The data contained in these fields will automatically be deleted upon deletion of the entry in this field.

```
      SPOUSE'S EMP STREET [LINE 1]    |
      SPOUSE'S EMP STREET [LINE 2]    |
      SPOUSE'S EMP STREET [LINE 3]    |
      SPOUSE'S EMP CITY               |   Address/telephone number of spouse's employer
      SPOUSE'S EMP STATE              |
      SPOUSE'S EMP ZIP+4              |
      SPOUSE'S EMP PHONE NUMBER    |
```

```
                         INSURANCE DATA   SCREEN <5>
PATIENT NAME; SSN                                                  TYPE
========================================================================
[1] Covered by Health Insurance:

    Insurance Co.     Policy #         Group #    Holder  Effective  Expires
    ====================================================================

[2]  Eligible for MEDICAID:

<RET> to CONTINUE, 1-2 or ALL to EDIT, ^N for screen N, or '^' to QUIT:
```

DATA GROUP 1

COVERED BY HEALTH INSURANCE - YES/NO/UNKNOWN - If YES, the following fields will also be prompted; otherwise, you will return to the screen.

Registration Supplement - Screen Formats

SCREEN 5, cont.

DATA GROUP 1, cont.

Select Insurance Policy - Enter the name or number of the applicant's health insurance company. The insurance company must be active in your site's INSURANCE COMPANY file. You may enter a <?> for a list of selectable insurance companies. This is a multiple field; you will be returned to this field repeatedly until no more insurance companies are entered. (A patient may be covered by more than one health insurance policy). For each insurance company entered, the system will stuff the insurance company's address from your INSURANCE COMPANY file (#36). The following fields will also be prompted for each insurance company entered.

INSURANCE TYPE - You may edit the selected insurance company name/number.

INSURANCE NUMBER - Applicant's health insurance policy number (3-20 characters).

GROUP NUMBER - Enter any other appropriate number which identifies this policy, 1-10 characters (i.e., group number/code).

GROUP NAME - Name of group under which applicant is insured if a group policy (1-20 characters).

EFFECTIVE DATE OF POLICY - Effective date of insurance policy (3-10 characters).

INSURANCE EXPIRATION DATE - Date health insurance policy expires (leave blank if policy does not expire on a specific date).

WHOSE INSURANCE - Individual who holds insurance policy. An entry of SPOUSE will not be accepted if marital status of applicant is other than MARRIED.
Choose from: V for VETERAN
                S for SPOUSE
                O for OTHER

PT. RELATIONSHIP TO INSURED - Relationship of the patient to person holding insurance policy. This prompt will not appear if VETERAN is entered at the "Whose Insurance" prompt. The system will automatically enter 01 PATIENT.
Choose from: 01 PATIENT
                02 SPOUSE
                03 NATURAL CHILD
                08 EMPLOYEE
                09 UNKNOWN
                11 ORGAN DONOR
                12 PARENT

NAME OF INSURED - Name of individual who holds insurance policy (3-30 characters). This prompt will not appear if VETERAN is entered at the "Whose Insurance" prompt. The system will automatically enter the veteran's name.

Registration Supplement - Screen Formats

SCREEN 5, cont.

DATA GROUP 2

ELIGIBLE FOR MEDICAID - Is the patient eligible for Medicaid coverage?   Choose from: 1-YES or 0-NO

```
                    MILITARY SERVICE DATA   SCREEN <6>
PATIENT NAME; SSN                                              TYPE
===================================================================
[1] Service Branch   Service #   Entered   Separated    Discharge
    --------------   ---------   -------   ---------    ---------

[2]       POW:       From:           To:          War:
[3]    Combat:       From:           To:        Where:
[4]   Vietnam:       From:           To:
[5]  A/O Exp.:        Reg:         Exam:         A/O#:
[6]  ION Rad.:        Reg:       Method:
[7]   Lebanon:       From:           To:
[8]   Grenada:       From:           To:
[9]    Panama:       From:           To:
[10] Gulf War:       From:           To:
[11]   Somalia:      From:           To:
[12] Env Contam:      Reg:         Exam:
[13]    Mil Dis:

[14] Dent Inj:                        Teeth Extracted:

<RET> to CONTINUE, 1-14 or ALL to EDIT, ^N for screen N, or '^' to QUIT:
```

Entry/edit of data contained in the various data groups of this screen will be restricted to holders of the DG ELIGIBILITY security key once the applicant's eligibility has been verified. Prior to eligibility verification, any user may enter/edit data on this screen. After verification, the data may be viewed by all users but only edited by holders of the DG ELIGIBILITY security key.

DATA GROUP 1

SERVICE BRANCH [LAST] - Name, number or abbreviation of applicant's most recent branch of service. Enter a <?> for a list from which to select. If no entry is made in this field, you will return to the screen. If an entry is made, the following will also be prompted.

   SERVICE NUMBER [LAST] - Applicant's most recent service number (1-15 characters).
   If same as social security number, enter SN.

   SERVICE ENTRY DATE [LAST] - Entry date for most recent episode of service

   SERVICE SEPARATION DATE [LAST] - Separation date for most recent episode of service

Registration Supplement - Screen Formats

SCREEN 6, cont.

DATA GROUP 1, cont.

SERVICE DISCHARGE TYPE [LAST] - Discharge Type for most recent episode of
service. Choose from: 1 HONORABLE
                        2 DISHONORABLE
                        3 GENERAL
                        4 OTHER THAN HONORABLE
                        5 UNDESIRABLE
                        6 BAD CONDUCT

SERVICE SECOND EPISODE - YES/NO - Did the applicant have another period of service? If
NO, you will return to the screen. If YES, the following fields will also be prompted.

SERVICE BRANCH [NTL] | Applicant's next to last period of service
SERVICE NUMBER [NTL] | information
SERVICE ENTRY DATE [NTL] |
SERVICE SEPARATION DATE [NTL] |
SERVICE DISCHARGE TYPE [NTL] |

SERVICE THIRD EPISODE - YES/NO - Did the applicant have a third period of service? If
YES, the following fields will also be prompted.

SERVICE BRANCH [NNTL] | Applicant's second to last period of
SERVICE NUMBER [NNTL] | service information
SERVICE ENTRY DATE [NNTL] |
SERVICE SEPARATION DATE [NNTL] |
SERVICE DISCHARGE TYPE [NNTL] |

DATA GROUP 2

POW STATUS INDICATED - YES/NO/UNKNOWN - If YES, the following will be prompted and
entries cannot be deleted as long as this field remains YES. If this field is changed to NO, entries in
the following fields will automatically be deleted.

POW CONFINEMENT LOCATION - War in which applicant was a POW
POW FROM DATE - Beginning date applicant was a POW
POW TO DATE - Ending date applicant was a POW

DATA GROUP 3

COMBAT SERVICE INDICATED - YES/NO/UNKNOWN - If YES, the following will be prompted
and entries cannot be deleted as long as this field remains YES. If this field is changed to NO,
entries in the following fields will automatically be deleted.

COMBAT SERVICE LOCATION - War in which applicant saw combat
COMBAT FROM DATE - Beginning date applicant was in combat
COMBAT TO DATE - Ending date applicant was in combat

Registration Supplement - Screen Formats

SCREEN 6, cont.

DATA GROUP 4

VIETNAM SERVICE INDICATED - YES/NO/UNKNOWN - If YES, the following will be prompted and entries cannot be deleted as long as this field remains YES. If this field is changed to NO, entries in the following fields will automatically be deleted. If there are entries in Data Group 5, Agent Orange Exposure, these will also be deleted upon entry of NO into this field since an applicant must have had service in Vietnam in order to claim Agent Orange exposure. Entries in the following fields must be between 1955 and 1980.

    VIETNAM FROM DATE - Beginning date of service in Vietnam.

    VIETNAM TO DATE - Ending date of service in Vietnam.

DATA GROUP 5

AGENT ORANGE EXPOS. INDICATED - YES/NO/UNKNOWN - In order to make an entry in this field, the applicant must be recorded as having service in Vietnam. If YES, the following will be prompted and entries cannot be deleted as long as this field remains YES. If this field is changed to NO, the entries in the following fields will automatically be deleted. Also, if the entry in the field VIETNAM SERVICE INDICATED is changed to NO, any entries which exist in these fields will be deleted, since an applicant must have had service in Vietnam in order to claim AO exposure.

    AGENT ORANGE REGISTRATION DATE - Date applicant registered as having been exposed to Agent Orange.

    AGENT ORANGE EXAM DATE - Date applicant was examined for Agent Orange exposure.

    AGENT ORANGE REGISTRATION # - Agent Orange Registration # assigned to applicant.

DATA GROUP 6

RADIATION EXPOSURE INDICATED - YES/NO/UNKNOWN - If YES, the following will be prompted and entries cannot be deleted as long as this field remains YES. If this field is changed to NO, entries in the following fields will automatically be deleted.

    RADIATION EXPOSURE METHOD   N for NAGASAKI/HIROSHIMA
                                       T for NUCLEAR TESTING
                                       B for BOTH

    RADIATION REGISTRATION DATE - Date applicant registered as having been exposed to radiation.

DATA GROUP 7

LEBANON SERVICE INDICATED - YES/NO/UNKNOWN - If YES, the following will be prompted and entries cannot be deleted as long as this field remains YES. If this field is changed to NO, entries in the following fields will automatically be deleted. Entries in the following fields must be between 8/23/82 and 2/26/84.

Registration Supplement - Screen Formats

SCREEN 6, cont.

DATA GROUP 7, cont.

LEBANON FROM DATE - Beginning date of service in Lebanon.

LEBANON TO DATE - Ending date of service in Lebanon.

DATA GROUP 8

GRENADA SERVICE INDICATED - YES/NO/UNKNOWN - If YES, the following will be prompted and entries cannot be deleted as long as this field remains YES. If this field is changed to NO, entries in the following fields will automatically be deleted. Entries in the following fields must be between 10/23/83 and 11/21/83.

GRENADA FROM DATE - Beginning date of service in Grenada.

GRENADA TO DATE - Ending date of service in Grenada.

DATA GROUP 9

PANAMA SERVICE INDICATED - YES/NO/UNKNOWN - If YES, the following will be prompted and entries cannot be deleted as long as this field remains YES. If this field is changed to NO, entries in the following fields will automatically be deleted. Entries in the following fields must be between 12/20/89 and 1/31/90.

PANAMA FROM DATE - Beginning date of service in Panama.

PANAMA TO DATE - Ending date of service in Panama.

DATA GROUP 10

PERSIAN GULF SERVICE INDICATED - YES/NO/UNKNOWN - If YES, the following will be prompted and entries cannot be deleted as long as this field remains YES. If this field is changed to NO, entries in the following fields will automatically be deleted. Entries in the following fields must be after 8/2/90.

PERSIAN GULF FROM DATE - Beginning date of service in Persian Gulf.

PERSIAN GULF TO DATE - Ending date of service in Persian Gulf.

DATA GROUP 11

SOMALIA SERVICE INDICATED - YES/NO/UNKNOWN - If YES, the following will be prompted and entries cannot be deleted as long as this field remains YES. If this field is changed to NO, entries in the following fields will automatically be deleted.

SOMALIA FROM DATE - Beginning date of service in Somalia.

SOMALIA TO DATE - Ending date of service in Somalia.

Registration Supplement - Screen Formats

SCREEN 6, cont.

DATA GROUP 12

This data group will only be editable if the PERSIAN GULF SERVICE INDICATED or SOMALIA SERVICE INDICATED prompts are answered YES. The data entered will automatically be deleted if NO is entered in both of these fields.

ENVIRONMENTAL CONTAMINANTS?: - YES/NO/UNKNOWN - Does this patient claim exposure to environmental contaminants? If YES, the following will be prompted and entries cannot be deleted as long as this field remains YES. If this field is changed to NO, entries in the following fields will automatically be deleted.

> ENVIR. CONT. REGISTRATION DATE: - Date on which this patient was registered as being exposed to environmental contaminants.

> ENVIR. CONT. EXAM DATE: - Date this patient was examined for environmental contaminants condition.

DATA GROUP 13

DISABILITY RET. FROM MILITARY?
Choose from: 0 NO
                          1 YES, RECEIVING MILITARY RETIREMENT
                          2 YES, RECEIVING MILITARY RETIREMENT IN LIEU OF VA COMPENSATION
                          3 UNKNOWN

DATA GROUP 14

SERVICE DENTAL INJURY - YES/NO - Did the applicant have a dental injury while in service?

SERVICE TEETH EXTRACTED - YES/NO - Did the applicant have teeth extracted while in service?

> Select DATE OF DENTAL TREATMENT - If either of the above fields in this data group were answered YES, this and the following two fields will be prompted. At this field, the date of the applicant's dental treatment should be entered. If it is a date which has not been entered in the past for the applicant, you will be prompted for confirmation that you are entering a new date of dental treatment. This is a multiple field. You will be returned to this prompt repeatedly until no more dates are entered. For each date entered, the following two fields will be prompted before returning you to this prompt.

> CONDITION - Dental condition treated

> DATE CONDITION FIRST NOTICED - Date the dental condition was first noticed

Registration Supplement - Screen Formats

```
                    ELIGIBILITY STATUS DATA   SCREEN <7>
PATIENT NAME; SSN                                            TYPE
================================================================
[1]        Patient Type:                        Veteran:
           Svc Connected:                     SC Percent:
           Rated Incomp.:
           Claim Number:
            Folder Loc.:
[2]     Aid & Attendance:                      Housebound:
              VA Pension:                    VA Disability:
     Total Check Amount:
           GI Insurance:                           Amount:
[3]    Primary Elig Code:
     Other Elig Code(s):
       Period of Service:


[4] Service Connected Conditions as stated by applicant
    ----------------------------------------------------

<RET> to CONTINUE, 1-4 or ALL to EDIT, ^N for screen N, or '^' to QUIT:
```

Entry/edit of data contained in the various data groups of this screen will be restricted to holders of the DG ELIGIBILITY security key once the applicant's eligibility has been verified. (The PERIOD OF SERVICE field of Data Group 3 may not be edited by a user not holding the DG ELIGIBILITY security key if either the applicant's eligibility or service record (or both) have been verified.) Prior to eligibility verification, any user may enter/edit data on this screen. After verification, the data may be viewed by all users but only edited by holders of the DG ELIGIBILITY security key.

DATA GROUP 1

TYPE - This field will always contain a default; that entry which was made initially upon entering the patient into the data base or when the MAS v4.0 conversion was run which automatically assigned a patient type to each existing patient. You may change the patient's type at this prompt. Any changes may alter the availability of certain screens and/or editing of certain data depending upon site parameters. Enter a <?> for a list of patient types from which to select.

VETERAN (Y/N) - This field will always contain a default; that entry which was made when the patient was initially entered into the data base. You may change the patient's veteran status at this prompt. Such a change may alter the availability of certain screens and/or editing of certain data depending upon site parameters.

SERVICE CONNECTED - YES/NO - Does the patient have any conditions for which he has received a service-connected rating from the Dept. of Veterans Affairs? If YES, the following will also be prompted. The data contained in the following field will automatically be deleted if this field is changed to NO.

   SERVICE CONNECTED PERCENTAGE - Applicant's total combined sc percentage.

   P&T - YES/NO - Is the patient rated permanently and totally disabled by the VA due to a service-connected condition?

Registration Supplement - Screen Formats

SCREEN 7, cont.

DATA GROUP 1, cont.

UNEMPLOYABLE - YES/NO - Is the patient rated unemployable by the VA due to a service-connected condition?

SC AWARD DATE: - Date on which service connection is effective based on VBA decision. Can be obtained from either HINQ or the award letter.

RATED INCOMPETENT?: - YES/NO - Used by AMIE. If YES, the following will also be prompted. The data contained in the following fields will automatically be deleted if this field is changed to NO.

DATE RULED INCOMPETENT (CIVIL) - Enter the date the patient was ruled incompetent to handle his funds by civil authorities.

DATE RULED INCOMPETENT (VA) - Enter the date the patient was ruled incompetent to handle his funds by the VA.

CLAIM NUMBER - Applicant's claim number, if any. If same as social security number, you may enter SS.

CLAIM FOLDER LOCATION - Location of applicant's claim folder (institution name or station number).

DATA GROUP 2

Depending upon site parameters set forth in the Patient Type Update option, ADT Supervisor menu, the system may require the applicant to be a veteran in order to make entries into these fields.

RECEIVING A&A BENEFITS - YES/NO/UNKNOWN - Is applicant in receipt of Aid and Attendance?

RECEIVING HOUSEBOUND BENEFITS - YES/NO/UNKNOWN - Is applicant in receipt of Housebound benefits?

RECEIVING A VA PENSION - YES/NO/UNKNOWN - Is applicant in receipt of a VA pension?

RECEIVING VA DISABILITY - YES/NO/UNKNOWN - Is applicant in receipt of VA disability monies?

TOTAL ANNUAL VA CHECK AMOUNT: - If this applicant is receiving A&A, Housebound, Pension, and/or disability payments from the VA (at least one of the questions relating to the above must be answered YES), enter the annual amount received. Once monetary benefits are verified, only users who hold the designated security key may enter/edit this field. This field may not be deleted as long as receipt of VA funds is indicated and will automatically be deleted if all of the above are changed to NO. If you wish to enter a monthly amount either precede or follow it with an asterisk (*) and it will be multiplied out by the system.

Registration Supplement - Screen Formats

SCREEN 7, cont.

DATA GROUP 2, cont.

GI INSURANCE POLICY - YES/NO/UNKNOWN - Does applicant have GI Insurance? If YES, the following fields will be prompted. The data entered will automatically be deleted if NO is later entered in this field.

    AMOUNT OF GI INSURANCE - Dollar/cents amount of GI Insurance (between 0-9999999).

DATA GROUP 3

PRIMARY ELIGIBILITY CODE - Eligibility code based on the applicant's veteran/non-veteran status. System only allows entry of eligibility codes compatible with previously entered data. A <?> may be entered for a list of selectable eligibility codes for the patient being entered. An entry in this field is required in order to process a patient's application for care. If an entry of "Allied Veteran" or "Other Federal Agency" is made, the following will be prompted.

    AGENCY/ALLIED COUNTRY - Name of federal agency or allied country under whose auspices applicant is applying for care. Enter a <?> for a list of possibilities.

Select ELIGIBILITY - This entry will always contain a default, the entry made at the PRIMARY ELIGIBILITY field. Enter any other eligibility code(s) under which applicant is entitled to care. Entry must be compatible with previously entered data. You may enter a <?> for a list from which to select.

    ELIGIBILITY - This entry will always contain a default, the entry at the Select ELIGIBILITY field. Edit the eligibility code here, if necessary.

PERIOD OF SERVICE - Applicant's period of service eligibility code must be answered in order to respond to this prompt. Response must be compatible with eligibility code. Enter a <?> for a list of applicable periods of service from which to choose. Only holders of the DG ELIGIBILITY security key may edit this field. Once eligibility verification has been completed, you will be unable to edit this field if the applicant's service record has been verified.

DATA GROUP 4

Select SERVICE CONNECTED CONDITIONS - Enter the conditions for which the applicant claims service connection.

    SERVICE CONNECTED CONDITIONS - This entry will always contain a default, the entry at the Select SERVICE CONNECTED CONDITIONS field. Edit the eligibility code here, if necessary.

    PERCENTAGE: - Enter percent of service connection.

Registration Supplement - Screen Formats

```
Dependents Module            Date/Time              Page:   1 of   1
                    FAMILY DEMOGRAPHIC DATA, SCREEN <8>
Patient Name; (SSN)
   MT  Patient/Dependent     Relationship              Active
  1     Patient Name         SELF                          *
               Married Last Year:  Unanswered


        Enter ?? for more actions
DA Spouse/Dependent Add                MT Marital/Dependent Info
ES Spouse Demographic                  AD Add to Means/Copay Test
DD Dependent Demographic               RE Remove from Means/Copay Test
DP Delete Dependent                    CD Copy Data
                                       ED Expand Dependent

Select Action: Quit//
```

An asterisk in the "Active" column indicates the individual is an active dependent.

DA Spouse/Dependent Add - Allows the user to add a new dependent (spouse or other).

Do you want to add (S)pouse or (D)ependent: - If spouse selected, the following fields will be prompted.

> SPOUSE'S NAME | Demographic information for the veteran's spouse
> SPOUSE'S SEX |
> SPOUSE'S DATE OF BIRTH |
> SPOUSE'S SSN |
> EFFECTIVE DATE | Date this individual became a dependent of the veteran.
> | For spouse, date of marriage.

If Dependent selected, the following fields will be prompted.

> CHILD'S NAME | Demographic information for each
> CHILD'S SEX | of the veteran's dependents.
> CHILD'S DATE OF BIRTH |
> CHILD'S SSN |
> RELATIONSHIP |
> EFFECTIVE DATE | For a child, date of birth or adoption.

ES Spouse Demographic - Allows the user to edit demographic data related to the spouse.

> NAME
> SEX
> DATE OF BIRTH
> SOCIAL SECURITY NUMBER
> EFFECTIVE DATE: (date - date)
> Date {dependent name} no longer a dependent: (date - date)

Registration Supplement - Screen Formats

SCREEN 8, cont

DD Dependent Demographic - Allows the user to edit demographic data related to dependents. There must be an existing dependent on file (other than the spouse) to select this protocol. The selected dependent has to be active.

>   NAME
>   SEX
>   DATE OF BIRTH
>   SOCIAL SECURITY NUMBER
>   RELATIONSHIP
>   EFFECTIVE DATE: (date - date)

DP Delete Dependent - Allows the user to delete a dependent (mainly duplicate dependents). You must hold the DG DEPDELETE security key to use this protocol. In order to delete a dependent, they must be removed from every Means Test (using the RE protocol). There are no prompts associated with this protocol.

MT Marital/Dependent Info - Allows the user to enter/edit last year's marital status.

>   MARRIED LAST CALENDAR YEAR (Y/N)

AD Add to Means/Copay Test
RE Remove from Means/Copay Test
These protocols are not selectable from the registration screens.

CD Copy Data - Allows the user to copy the previous year income and dependent information. The information can only be copied if there is previous year income on file and no income on file for this year. There are no prompts associated with this protocol.

ED Expand Dependent - This protocol will move to another screen (Expand Dependent). It is used to edit the effective date (date the person became a dependent of the veteran).

>   Select EFFECTIVE DATE - Select the effective date you wish to edit.
>
>   EFFECTIVE DATE: {date}// - Enter correct date.
>
>   ACTIVE - If this change in status makes the dependent effective, enter 1 or YES for active. If the change makes the individual no longer dependent, enter 0 or NO.

Registration Supplement - Screen Formats

```
                    INCOME SCREENING DATA  SCREEN <9>
PATIENT NAME; SSN                                            TYPE
================================================================
                        Income data for {year}
                        Veteran                             Total
                        ------------------------------------------
[1]  Social Security (Not SSI)        -                        -
[2]  U.S. Civil Service               -                        -
[3]  U.S. Railroad Retirement         -                        -
[4]  Military Retirement              -                        -
[5]  Unemployment Compensation        -                        -
[6]  Other Retirement                 -                        -
[7]  Total Employment Income          -                        -
[8]  Interest,Dividend,Annuity        -                        -
[9]  Workers Comp or Black Lung       -                        -
[10] All Other Income                 -                        -
                                        Total 1-10 -->      $0.00

{YEAR} Estimated "Household" Taxable Income: $

<RET> to CONTINUE, 1-10 or ALL to EDIT, ^N for screen N, or '^' to QUIT
(To edit only veteran income, precede selection with 'V' [ex. 'V1-3']):
```

Entries may be made in the fields contained on this screen up until monetary benefits are verified. Once monetary benefits have been verified, a user must hold the DG ELIGIBILITY security key in order to enter/edit into these fields. This screen may appear with one column (veteran), two columns (veteran/spouse), or three columns (veteran/spouse/dependents) depending on previously entered information. The appropriate fields will be prompted for each column shown.

The "{YEAR} Estimated "Household" Taxable Income: $" field will be filled in if the information has been entered through the 10-10T form. This information is used to make preliminary or prima facie financial eligibility determinations.

DATA GROUP 1

SOCIAL SECURITY (NOT SSI) - Annual amount of social security received during the previous calendar year. Do not include SSI.

DATA GROUP 2

U.S. CIVIL SERVICE - Annual amount of U.S. Civil Service received during the previous calendar year.

DATA GROUP 3

U.S. RAILROAD RETIREMENT - Annual amount of U.S. Railroad Retirement received during the previous calendar year.

DATA GROUP 4

Registration Supplement - Screen Formats

SCREEN 9, cont.

MILITARY RETIREMENT - Annual amount of military retirement received during the previous calendar year.

DATA GROUP 5

UNEMPLOYMENT COMPENSATION - Annual amount of unemployment compensation received during the previous calendar year.

DATA GROUP 6

OTHER RETIREMENT - Annual amount of other retirement received during the previous calendar year. Includes company, state, local, etc.

DATA GROUP 7

TOTAL INCOME FROM EMPLOYMENT - Total annual amount of income from employment received during the previous calendar year. This includes wages, salary, earnings, and tips.

DATA GROUP 8

INTEREST, DIVIDEND, ANNUITY - Annual amount of interest, dividend, or annuity income received during the previous calendar year.

DATA GROUP 9

WORKERS COMP. OR BLACK LUNG - Annual amount of worker's compensation or Black Lung benefits received during the previous calendar year.

DATA GROUP 10

ALL OTHER INCOME - Annual amount of all other income received during the previous calendar year. Net income from operation of a farm or other business is countable. If the veteran, veteran's spouse, or children receive a salary from the business, it should be reported in Data Group 7 - TOTAL INCOME FROM EMPLOYMENT. Also, note that depreciation is not a deductible expense.

```
                    INELIGIBLE/MISSING DATA   SCREEN <10>
PATIENT NAME; SSN                                              TYPE
================================================================
[1]  Ineligible Date:                     TWX Source:
          TWX City:                        TWX State:
             Reason:
       VARO Decision:
[2]    Missing Date:                       TWX Source:
          TWX City:                        TWX State:
             Reason:

<RET> to CONTINUE, 1-2 or ALL to EDIT, ^N for screen N, or '^' to QUIT:
```

Registration Supplement - Screen Formats

SCREEN 10, cont.

DATA GROUP 1

You must hold the DG ELIGIBILITY security key in order to enter/edit any of the fields in this data group.

INELIGIBLE DATE - Effective date applicant was ineligible for care. If an entry is made in this field, the following fields will also be prompted. The data contained in the following fields will automatically be deleted upon deleting the entry in this one.

    INELIGIBLE TWX SOURCE - Source of ineligible TWX
    Choose from: 1 VAMC
                2 REGIONAL OFFICE
                3 RPC

    INELIGIBLE TWX CITY - City from which ineligible TWX came (3-30 characters)

    INELIGIBLE TWX STATE - State or state code from which ineligible TWX came.   Must be in STATE file. You may enter a <?> for a list.

    INELIGIBLE REASON - Reason for applicant's ineligibility

    INELIGIBLE VARO DECISION - VA Regional Office decision concerning applicant's ineligibility for care (3-75 characters)

DATA GROUP 2

Entry/edit of the fields on this screen may be accomplished by any user up until the applicant's eligibility has been verified. Following verification of the applicant's eligibility, you must hold the DG ELIGIBILITY security key in order to enter/edit these fields. Viewing of the information will be possible by all users.

MISSING PERSON DATE - Date individual was declared "missing". If an entry is made in this field, the following fields will also be prompted. Data contained in the following fields is automatically deleted if the entry in this field is deleted.

    MP TWX SOURCE - Source of TWX declaring individual "missing".
    Choose from: 1 VAMC
                2 REGIONAL OFFICE
                3 RPC

    MP TWX CITY - City from which "missing" TWX came (3-30 characters)

    MP TWX STATE - State or state code from which "missing" TWX came. Must be in STATE file. Enter a <?> for a list.

    MISSING OR INELIGIBLE - Free text comment concerning ineligible/missing individual

Registration Supplement - Screen Formats

```
             ELIGIBILITY VERIFICATION DATA   SCREEN <11>
PATIENT NAME; SSN                                            TYPE
================================================================
[1] Eligibility Status:                       Status Date:
      Status Entered By:
        Interim Response:
             Verif. Method:
[2]      Money Verified:
[3]    Service Verified:
[4] Rated Disabilities:

<RET> to CONTINUE, 1-4 or ALL to EDIT, ^N for screen N, or '^' to QUIT:
```

The purpose of this screen is to allow verification of an applicant's eligibility, monetary benefits and service record. Accordingly, you must hold the DG ELIGIBILITY security key in order to enter/edit any of the fields contained on it. Depending upon site parameters, this screen may be available for viewing to all users.

DATA GROUP 1

ELIG. STATUS
Choose from: P PENDING VERIFICATION
               R PENDING RE-VERIFICATION
               V VERIFIED

ELIG. STATUS DATE - Effective date of eligibility status

ELIG. INTERIM RESPONSE - If an interim response has been received concerning applicant's eligibility, enter date of receipt.

ELIG. VERIF. METHOD - Enter method in which applicant's eligibility was verified. This is a free text field (2-50 characters).

DATA GROUP 2

MONETARY BEN. VERIFY DATE - An entry in this field indicates that the applicant's monetary benefits have been verified. Enter the date monetary benefits were verified.

DATA GROUP 3

SERVICE VERIFICATION DATE - An entry in this field indicates the applicant's service record has been verified. Enter the date the service record was verified.

Registration Supplement - Screen Formats

SCREEN 11, cont.

DATA GROUP 4

Select RATED DISABILITIES (VA) - Enter the condition(s) or corresponding VA code(s) for which the applicant has been verified as being service connected. This is a multiple field which will repeat until no more entries are made. For each entry made, the following fields will also be prompted. If the patient is non-service connected, you may still make entries into this field to record any disabilities the patient may have which have been rated by the VA.

The screen display for this entry will reflect the disability followed by the SC/NSC percentage, whichever is appropriate.

    DISABILITY % - Enter the rating percentage for this disability. An entry of YES will not be allowed for applicants with a patient type of NON-SERVICE-CONNECTED

    SERVICE CONNECTED - Choose from: O NO
                                       1 YES

```
                     ADMISSION INFORMATION  SCREEN <12>
PATIENT NAME; SSN                                              TYPE
================================================================
<1>  Admission Date:                    Admit Ward:
     Admit Diagnosis:
      Discharge Date:
      Discharge Type:

<RET> to CONTINUE, ^N for screen N, or '^' to QUIT:
```

This screen displays the patient's four most recent admissions in reverse order. For each admission, the following data will be shown:

        Admission Date
        Admission Diagnosis
        Discharge Date
        Discharge Type
        Admission Ward

If the applicant has no admission data - he/she either has never been admitted or previous admissions occurred prior to DHCP (Decentralized Hospital Computer Program) - the following message will be displayed:

"NO ADMISSION DATA ON FILE FOR THIS PATIENT!!"

Registration Supplement - Screen Formats

```
                  APPLICATION INFORMATION  SCREEN <13>
PATIENT NAME; SSN                                              TYPE
==================================================================
<1>    Registered:
       Applied for:
     Dispositioned:
     Type of Disp.:

<RET> to CONTINUE, ^N for Screen N, or '^' to QUIT:
```

This screen displays the applicant's four most recent applications for care in reverse order. For each application, the following data will be shown:

- date/time of registration; employee who registered the applicant; employee's DUZ number (unique number which identifies a user to the system)
- type of benefit applied for
- date/time of disposition; employee who dispositioned the applicant and their DUZ number
- type of disposition

If the applicant has no application data - he/she either has never applied for care or previous applications occurred prior to DHCP (Decentralized Hospital Computer Program) - the following message will be displayed:

"NO APPLICATION DATA ON FILE FOR THIS PATIENT!"

```
                  APPOINTMENT INFORMATION  SCREEN <14>
PATIENT NAME; SSN                                              TYPE
==================================================================
<1> Enrollment Clinics:

<2>     Pending Appt's:

<RET> to QUIT, ^N for screen N, or '^' to QUIT:
```

This screen displays each clinic in which the patient is actively enrolled and the clinic name and date/time of all pending appointments.

If the applicant is not actively enrolled in any clinics or has no pending appointments, one of the following messages will be displayed next to the appropriate data group:

"NOT ACTIVELY ENROLLED IN ANY CLINICS AT THIS TIME"

"NO PENDING APPOINTMENTS ON FILE"

Inconsistency Supervisor Menu
Determine Inconsistencies to Check/Don't Check

Introduction

This option allows you to choose what data items should be checked for inconsistencies at your site when running the Consistency Checker. Once a data item is selected, a message will be displayed telling you under what conditions that data item will be considered inconsistent.

Below is a numerical listing of each of the data items which you may select to have checked by the Consistency Checker. A single asterisk (*) indicates the data element is set to ON by the PIMS module and cannot be edited. A double asterisk (**) indicates the data element is set to OFF by the PIMS module and cannot be edited.

1	NAME FORMAT UNACCEPTABLE
**2	ALIAS FORMAT INCONSISTENT
3	SEX UNSPECIFIED
4	DOB UNSPECIFIED
5	MARITAL STATUS UNSPECIFIED
6	RELIGION UNSPECIFIED
7	SSN UNSPECIFIED
8	ADDRESS DATA INCOMPLETE
*9	VETERAN STATUS UNSPECIFIED
*10	SC PROMPT UNANSWERED
11	SC PROMPT INCONSISTENT
12	SC% UNSPECIFIED FOR SC VET
*13	POS UNSPECIFIED
*14	ELIG CODE UNSPECIFIED
15	INEL REASON UNSPECIFIED
16	DATE OF DEATH IN FUTURE
17	EXPIRED, PENDING APPOINTMENTS
18	ELIG/VET STATUS INCONSISTENT
19	ELIG/NONVET STAT INCONSISTENT
20	ELIG/SC% INCONSISTENT
21	*At this time, this data item has been removed.*
*22	ELIG CODE INCONSISTENT
23	VERIFIED, NO ELIG DATE
24	POS/ELIG CODE INCONSISTENT
25	AO CLAIMED, NO VIET SVC
26	VIET SVC CLAIMED, NONVET
27	AO CLAIMED, NONVET
28	RAD CLAIMED, NONVET
29	A&A CLAIMED, NONVET
30	HOUSEBOUND CLAIMED, NONVET
31	VA PENSION CLAIMED, NONVET
32	MILIT. RET. CLAIMED, NONVET
33	GI INS CLAIMED, NONVET

Inconsistency Supervisor Menu
Determine Inconsistencies to Check/Don't Check

Introduction

34	POW CLAIMED, NONVET
35	COMBAT CLAIMED, NONVET
36	PATIENT TYPE UNDEFINED
37	POW DATA MISSING
38	POW DATES INCONSISTENT
39	COMBAT DATA MISSING
40	COMBAT DATES INCONSISTENT
41	VIETNAM DATA MISSING
42	VIETNAM DATES INCONSISTENT
43	A&A MISSING DOLLARS
44	HOUSEBOUND MISSING DOLLARS
45	VA PENSION MISSING DOLLARS
46	SOC. SECURITY MISSING DOLLARS
47	MIL. RETIRE MISSING DOLLARS
48	GI INSURANCE MISSING DOLLARS
49	INSURANCE 'YES' BUT NONE ACTIVE
50	INSURANCE NOT 'YES' BUT SOME ACTIVE
**51	BOS/POS INCONSISTENT
*52	INSURANCE PROMPT UNANSWERED
*53	EMPLOYMENT STATUS UNANSWERED
54	DEPENDENT'S SSN MISSING
55	INCOME DATA MISSING
56	VA DISABILITY MISSING DOLLARS
57	MEDICAID NEEDS UPDATING
58	EC CLAIM-NO PERS GULF/SOM SVC
99	CAN'T PROCESS FURTHER

Example

```
Select INCONSISTENT DATA ELEMENTS NAME:   RELIGION UNSPECIFIED
=======================================================================
Inconsistency results if the 'RELIGION' prompt is unanswered.
=======================================================================
CHECK/DON'T CHECK:  1   DON'T CHECK


Select INCONSISTENT DATA ELEMENTS NAME:   52  INSURANCE PROMPT UNANSWERED
=======================================================================
Inconsistency occurs if there is no response to the 'Covered by Health
Insurance?' prompt on registration screen 5.  This prompt must contain
either 'YES', 'NO', or 'UNKNOWN'.

This check can not be edited.  It is automatically turned ON!
=======================================================================

Select INCONSISTENT DATA ELEMENTS NAME:
```

Inconsistency Supervisor Menu
Purge Inconsistent Data Elements

Introduction

This option allows the user to purge data from the INCONSISTENT DATA file. The user is prompted to select a date. The system then finds all patients who have not been admitted or registered, or who do not have appointments, since that date. The inconsistent data elements for those patients will be removed from the file.

If a job request is currently pending, the following message will be displayed and you will be unable to run the option.

"UNABLE TO RUN THIS OPTION AT CURRENT TIME!!

'INCONSISTENCY PURGE' OPTION RUNNING FROM {DATE/TIME
OF PENDING QUEUED REQUEST}."

The chart on the following page shows the prompts and steps involved in using this option.

Glossary/Index

Glossary

Military Time Conversion Table

STANDARD	MILITARY
12:00 MIDNIGHT	2400 HOURS
11:00 PM	2300 HOURS
10:00 PM	2200 HOURS
09:00 PM	2100 HOURS
08:00 PM	2000 HOURS
07:00 PM	1900 HOURS
06:00 PM	1800 HOURS
05:00 PM	1700 HOURS
04:00 PM	1600 HOURS
03:00 PM	1500 HOURS
02:00 PM	1400 HOURS
01:00 PM	1300 HOURS
12:00 NOON	1200 HOURS
11:00 AM	1100 HOURS
10:00 AM	1000 HOURS
09:00 AM	0900 HOURS
08:00 AM	0800 HOURS
07:00 AM	0700 HOURS
06:00 AM	0600 HOURS
05:00 AM	0500 HOURS
04:00 AM	0400 HOURS
03:00 AM	0300 HOURS
02:00 AM	0200 HOURS
01:00 AM	0100 HOURS

ADC   Average Daily Census

ALOS   Average Length of Stay

AMIS   Automated Management Information System

attending   Supervising physician who is responsible for the care of the patient.
physician   Non-affiliated hospitals may choose not to use this field.

breakeven   A day on which the actual cost of care equals the estimated
day   allocation.

CDR   Cost Distribution Report

collateral   A visit by a non-veteran patient whose appointment is related to or
visit   associated with a service-connected patient's treatment.

Consistency   Provides a method of assuring the accuracy of data contained in a
checker   patient file.

Copay Test   A financial report used to determine if a patient may be exempted
                from pharmacy copayments.

DRG   Diagnostic Related Group

DXLS   Diagnosis responsible for the major portion of a patient's stay.

G&L   Gains and Losses

HINQ   Hospital Inquiry

Means Test   A financial report used to determine if a patient may be required to
                make Copayments for care.

PAI   Patient Assessment Instrument

PAF   Patient Assessment File

primary   The health care provider with primary responsibility for the direct
physician   care of the patient. This may be the resident or intern in a
teaching

                facility or the staff physician in a non-affiliated hospital.

PTF   Patient Treatment File

routing slip   When printed for a specified date, it shows the current appointment time, clinic, location and stop code. It also shows future appointments.

RUG   Resource Utilization Group

security code   A code assigned to each user identifying them specifically to the system and allowing them access to the functions/options assigned to them.

security key   Used in conjunction with locked options or functions. Only holders which perform a sensitive task.

Special   An ongoing survey of care given to patients alleging Agent Orange
Survey   or ionizing radiation exposure. Each visit by such a patient must receive special survey dispositioning which records whether treatment provided was related to that exposure. This data is used for congressional reporting purposes.

stop code   A three-digit number corresponding to an additional stop/service a patient received in conjunction with a clinic visit. Stop code entries are used so that medical facilities may receive credit for the services rendered during a patient visit.

third party   Billings where a party other than the patient is billed.
billings

trim point   The expected Length of Stay range based on the LOS distribution for each DRG category.

VADATS   Veterans Administration Data Transmission System

VBC   Veterans Benefits Counselor

WWU   Weighted Work Unit

Index

Following is an alphabetical listing of each menu and option documented in Volume I of the PIMS User Manual. Pages are numbered consecutively within each section of the manual (i.e., page 1 of Section 1 is "1-1", page 1 of Section 2 is "2-1").